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DEVELOPMENT: WHAT WORKS

HEARING
BEFORE THE
INTERNATIONAL TASK FORCE
OF THE
SELECT COMMITTEE ON HUNGER
HOUSE OF REPRESENTATIVES
ONE HUNDRED FIRST CONGRESS
FIRST SESSION

HEARING HELD IN WASHINGTON, DC, APRIL 13, 1989

Serial No. 101–4

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DEVELOPMENT: WHAT WORKS

THURSDAY, APRIL 13, 1989

House of Representatives,
International Task Force,
Select Committee on Hunger,
Washington, DC.

The task force met, pursuant to notice, at 10:31 a.m., in room B-318, Rayburn House Office Building, Hon. Tony P. Hall [chairman of the task force] presiding.

Members present: Representatives Penny, McNulty, and Emerson.

OPENING STATEMENT OF HON. TONY P. HALL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. **Hall.** Good morning. I would like to get started on this hearing.

I would like to welcome all of you here this morning to talk about approaches to development and efforts to improve human well-being projects which we believe—which you believe, also—that work.

Dr. Samba of the World Health Organization and Dr. French of Helen Keller International are responsible for exciting programs in Africa to end long-term health problems. The Inter-American and African Development Foundations are public corporations created by Congress to support the self-help efforts of poor people.

The Select Committee on Hunger believes strongly that we should use our scarce development dollars to fund programs that work. I am excited about the work of the World Health Organization in ridding much of West Africa of river blindness and the worldwide work of Helen Keller and other organizations to reduce blindness and child illness from lack of vitamin A.

We are increasingly interested in the work of the Inter-American and the African Development Foundations. Their organizations seem to do the kind of development work that we like. Their people are out in the field working with poor people and we look forward to hearing more about your organizations in today's hearing.

We welcome our witnesses today. We look forward to learning more about you and your organizations, what you are doing to improve human well-being. This is what, of course, development is about.

The hearing will be in two panels. The first will consist of Dr. Samba and Dr. David French.

Dr. Samba is director of the World Health Organization's Onchocerciasis Control Program—why don't we just say river blindness here—which operates in West Africa.

Dr. French is the medical director of Helen Keller International. The committee is very familiar with the work of him and of Helen Keller International and he has testified, of course, before us before.

Would Dr. Samba and Dr. French please come before us? Dr. Samba, if you would testify first, and then Dr. French.

We look forward to your statements. Thank you for being with us.

Dr. Samba.

STATEMENT OF E.M. SAMBA, M.D., DIRECTOR, ONCHOCERCIASIS CONTROL PROGRAMME IN WEST AFRICA, WORLD HEALTH ORGANIZATION

Dr. SAMBA. Thank you, Mr. Chairman. I have to start by saying that as an African I feel singularly honored and excited on behalf of Africa to be given the opportunity to say how very much we in Africa appreciate the support that the U.S. Government and agencies and institutions are giving to Africa.

I also feel excited sitting side by side with David French, whom I have known since 1972, when he was director of the strengthening of health delivery systems in West Africa and I was director of medical services, and we have collaborated over the years. So when I came and found him here, I said, well, this is a friend—at least I am in friendly hands.

This program that I am going to talk about, the River Blindness Program, is a program that affects 30 million people in West Africa, from Benin, Togo, Cote d'Ivoire, Ghana, Niger, Burkina Faso, Mali, Senegal, Guinea, Guinea-Bissau, and Sierra Leone. In this total area of 1.3 million square kilometers this blindness has been endemic over the years—we don't know for how long, but it must be for thousands of years. It is very closely incorporated in the country tradition.

It is a disease that not only affects human beings, as you could see in the photographs there, tragically ending in blindness, but before the people get blind they are debilitated. It is a sickening type of disease causing extensive itching. In my experience in medical practice for over 31 years, this is the only disease where we have people committing suicide as a result of the sickness, so that shows how serious it is.

It is not only a human tragedy, it is also an economic tragedy because the flies that spread the disease breed in the rivers which are in the most fertile part of the countries and the people are forced, therefore, to leave these fertile areas, so economically as well as from the public health perspective, the countries are deprived.

The program started in 1974. We have been successful, as was demonstrated by the U.S. evaluation of the program in 1985. Over 90 percent of the original program area is now under control. That means that approximately 20 million people are protected. There is no transmission within this area.

It also means that over 4 million children born since then are protected and will never suffer from this disease, and of these children about 200,000 would have been blind by the time they were 40.

We have been able to do this using spraying of pesticides that kill the larvae of the vector. We now are fortunate to have Mectizan, a drug that is produced by Merck, Sharp and Dohme in the United States here, and this drug is given to us free of charge for as long as it is needed. It is now part of the control mechanism. We, therefore, have the tools to kill the vector as well as to kill the parasite in the human body.

We, therefore, are satisfied that with these two tools the program is making satisfactory progress. As well as the human benefits, we now have on record approximately 15 million hectares of fertile, arable land protected. By the time the program is finished in 1997, approximately 25 million hectares will be available. If this is properly tilled, at least 16 million people will be fed and the amount of food producible annually we calculate at 3.3 million tons of sorghum.

So it is a program that leads to development directly by protecting human beings and improving their health status and also by making available tillable land.

I start by thanking the United States and the industry of the United States because I can say quite firmly that, but for the United States, this program wouldn't probably have started.

You are the country that was involved in the preliminary studies and recognized this problem. You are presently the biggest provider of personnel in all the committees of this program, but this is not all.

You have been generous enough to increase your funding through this very committee and the contribution of U.S. firms and agencies—Merck, Sharp and Dohme I mentioned, but also we buy a good part of the larvicides we use to kill the vector from the U.S. companies like Abbott in Chicago and FMC. The aerial contract or supplying, the aircraft for applying the pesticides, is a U.S. company, Evergreen of McMinnville in Oregon.

So you can see, Mr. Chairman and distinguished ladies and gentlemen, that OCP really is almost an extension of U.S. generosity.

Where do we stand at this moment? I feel proud to tell you that now we have the tools to complete this work successfully. We have Mectizan. We have the pesticides. We have the human resources.

Of the approximately 1,000 staff in the program, 96.4 percent are Africans like myself, so the local capability is there. We are really ready to go ahead and complete the job successfully.

Our principal concern at the moment is the continued funding. Again, I am happy to say that the United States with the support of your committee has increased your funding—if the other donor countries, 21 in all, follow your example, we will be feeling pretty comfortable.

I would therefore, in conclusion, close my remarks by saying a big thank-you and encouraging you to continue your support. This is a program that will not let you down.

Thank you, sir.

[The prepared statement of Dr. Samba appears at the conclusion of the hearing, see p. 35.]

Mr. HALL. Thank you, Doctor.

Dr. French.

STATEMENT OF DAVID FRENCH, M.D., MEDICAL DIRECTOR, HELEN KELLER INTERNATIONAL

Dr. FRENCH. Thank you, Mr. Chairman. First of all I must apologize in that I am speaking to two issues in my presentation. One is the continued support of vitamin A, particularly for initiating really a meaningful involvement in Africa, as well as for the Onchocerciasis Control Program.

It is, too, for me an honor to be here with my good friend, associate and brother from Africa, with whom I have had a lot of opportunity to work in the past and for whom I have a great deal of respect.

Research studies over the last 5 years have demonstrated that vitamin A deficiency is a significant problem in Africa, that it impacts on blindness and mortality and that the cyclical status of drought, famine, and civil strife compound its severity.

WHO has compiled a list of 64 countries with varying degrees of vitamin A deficiency. There are 37 designated as having a significant public health problem and severe vitamin A deficiency or having a high probability of it.

Half of these countries, representing over 300 million people, are in Africa. Over 100 million are particularly vulnerable due to the civil strife and displaced populations within their countries. Very few, perhaps none, of these countries have functioning national prevention and control programs in place at present for vitamin A.

Why is this so? First, due to lack of data; second, lack of training; third, lack of resources; fourth, lack of public awareness; and, fifth, lack of research.

The most obvious signs of severe vitamin A deficiency are ocular, resulting in nutritional blindness. Up to 80 percent of children so blinded can be expected to die if untreated.

Historically, the recognition of nutritional blindness is much more recent in Africa, having been highlighted by the consequences of the recent severe drought and population displacement superimposed on the problem of existing chronic, ongoing malnutrition.

Systematic collection of survey data has only been recent. Helen Keller International, with support from AID, carried out a series of rapid assessment surveys in the Sahel area following the 1983–84 drought.

In Burkina, Faso and Niger, demonstration projects have been set up by HKI in collaboration with the respective governments and UNICEF. Current needs are—and I am now speaking to the issue of gathering of prevalence data—to assess the vitamin A status beyond the drought zone in the Sahel countries; second, to assess the vitamin A status beyond the Sahel countries in Africa in general; and third, to set up a monitoring and surveillance system.

As to the issue of training, without training in the signs and symptoms of vitamin A deficiency the problem is not properly identified. Current training needs are, one, training in the identification, diagnosis and treatment of vitamin A deficiency for all levels of health personnel; two, training in the identification of vitamin A deficiency for all nutrition surveillance personnel; and, three, development, adaptation, upgrading, and production of training material and curriculum modules in vitamin A deficiency courses.

As to the issue of resources, resources involve time, money and personnel, with increased awareness of the importance of controlling vitamin A deficiency. The priority to be given to vitamin A can be raised.

Personnel refers to the availability and commitment of trained staff in vitamin A.

Finally, funds are required to implement all of the above components, assessment, research, training, public awareness, as well as for general and emergency programming.

To fully achieve vitamin A program objectives in Africa, annual—and this is talking about the entire continent—annual budgetary needs are estimated at up to $18.5 million.

As to the issue of public awareness, without data on vitamin A deficiency prevalence, without research as to the basis for the highlighting of the issue, and without training in the identification of the problem, there has been limited public awareness of vitamin A among both policy makers and the general population in a number of African countries.

A communications approach has been developed through the concept of social marketing. Current needs in promoting public awareness are, one, dissemination of information; two, development of communication networks in Africa; and, three, development of model social marketing strategies.

As to the issue of research, with the increased concern in child survival and vitamin A deficiency, there is need for studies examining the relationship of vitamin A status to diarrhea, acute respiratory infections, measles and the other five acute infectious diseases of childhood which are currently being focused on in EPI programs as well as eye disease.

In Tanzania in 1982–83, hospital-based studies correlated vitamin A supplementation with a reduced risk of measles mortality in children.

There is currently a vitamin A deficiency mortality study being undertaken in the Sudan. Another is planned in Ethiopia.

A secondary research potential is to identify and test simple assessment techniques for determining vitamin A status in a population. Historically, ocular signs have been used. More recently, other techniques have been under investigation, including conjunctival impression cytologies, CIC, using a noninvasive procedure to ascertain the health of the conjunctival, and a refined dietary consumption survey methodology.

Current research needs are to examine, one, the validity in using indirect indicators; two, specificity and sensitivity of the CIC technique in the Sahel area; three, utilization of rapid assessment surveys with nonocular indicators; four, the role of subclinical vitamin A deficiency in morbidity and mortality in general in children; and, five, alternative program strategies and cost effectiveness of improving vitamin A status.

I shall now pass on and speak some to the issue of onchocerciasis.

Here we are particularly interested in the use of private voluntary organizations, sometimes called nongovernmental organizations, which are now believed to be an important part of the onchocerciasis program, so I shall speak to that particular thing specifically.

Since 1976 the Onchocerciasis Control Program has gained much success in carrying out its original design and intent; namely, vector control. Simulium damnosum has been adequately contained in over 90 percent of the original seven-country target area in West Africa.

Such coverage is very close to the level of maximal expectation and successful transmission of the filaria in that area has been all but eliminated.

Yet, as long as pockets of remaining infected individuals are there, as is now the case, reinfection of the black fly population will slowly but surely recur and, without maintenance of a high level of insecticide dissemination, thereby continuing a level of cost and technology which may be above that maintainable by the countries involved after the termination of the OCP in 1997.

A significant community microfilarial load in the remaining 10 percent of the original program area and the other four countries indicate the possibility of recontamination of the black fly vector and therefore of reinfection by the parasite unless appropriate action is taken.

With the advent of Mectizan there is the possibility of control of the community microfilarial load in these critical areas, with consequent interruption of transmission of the disease and reinfection of the central area, which is now 90 percent devoid of the disease.

This remains to be proven by judicious administration of the drug over a sufficient period of time and under ideal conditions of epidemiological surveillance.

Successful use of Mectizan could certainly prove to be the ideal modality for the control of onchocerciasis into the future by the involved countries on an affordable basis.

NGO/PVO collaboration with OCP is currently planned to collaborate with individual national governments to carry out a carefully controlled and studied program of Mectizan distribution.

On April 17 and 28, five of these NGO/PVO organizations, including Helen Keller International, all involved in the treatment and prevention of blindness worldwide, will be meeting at OCP headquarters in Ouagadougou to develop a plan for Mectizan distribution.

Unfortunately, there is no means of financial support for such a distribution program, including the necessary community epidemiological studies and careful supervision and necessary training for the distribution of the drug.

Data must be carefully collected on the effects of the drug on both the population involved and the transmission of the disease.

All are in indebted to Merck, Sharp and Dohme of Raleigh, NJ, for the provision of the drug without cost, but nevertheless there are other costs in order to carry out the carefully coordinated and supervised program necessary.

As of now there is no provision within the funding of the OCP for this new, all-important public health program to involve NGO/PVO's that has evolved in the latter stages of OCP as a consequence of the arrival of Mectizan.

Hopefully, the United States as a major donor to the OCP might undertake such an important endeavor.

Last, I should like to speak to the issue of rehabilitation.

The final objective of control of onchocerciasis is to allow the previously affected communities to return to productive life under conditions wherein there is no further fear of river blindness.

Children are now growing up in the oncho-affected subregion who are not infected with the parasite. That goal has been partially achieved. Nevertheless, there has not been full resumption of the normal productive economic life throughout the disease-free areas.

There remain the blind and the partially blind to rehabilitate into these predominantly agricultural communities. National programs of rehabilitation and re-establishment on the land need to be strengthened or established as necessary. Many NGO/PVO's have had extensive experience in this regard, both on the African continent and in Asia.

It is my hope that both the NGO/PVO's particular interested with the prevention and treatment of blindness and other more broadly based ones can join together to work with the individual eleven governments to develop such national programs.

Again, there is need of funding to begin such programs and to carry them along for an initial period of time. Ultimately they should become self-sustaining and, in any event, end up carrying their weight as they relieve national economies of the need to support the blind disabled and contribute to the national economy, as well.

We at HKI have had some experiences with this kind of program activity in Asia and would like to participate in this development in Africa. Other NGO/PVO organizations feel the same as we and would enthusiastically join in with such program development.

Hopefully the United States, in particular, will see its way clear to provide this kind of support.

Mr. Chairman, I wish to thank you for this opportunity to speak on behalf of some of those whom we can help in Africa in their quest for a healthy and productive existence.

Thank you.

[The prepared statement of Dr. French appears at the conclusion of the hearing, see p. 46.]

Mr. HALL. Thank you, Dr. French. Can you—we haven't gone over this, but can you tell us basically about how somebody would be infected by this river blindness? What happens?

Do you get bitten by a certain kind of fly, or what?

Dr. FRENCH. That's right. Listen, I could tell you, but I think a much better expert on this is Dr. Samba.

Dr. SAMBA. Well, the disease has been present there for thousands of years, nobody knows how long or how it started, but like so many other diseases.

If I am there and suffer from the disease, the other person who has not suffered from the disease can only get it by the fly biting me to feed on my blood, as flies sometimes do, and then biting him later on to feed on his blood, and in the process transmit the parasite, as with mosquitos and malaria, the transmission is pretty much the same.

The parasites are in the human body but are transmitted from one human body to the other through the bite of the fly. This is the way the disease is transmitted.

Mr. HALL. Is it a certain type of fly?

Dr. FRENCH. Yes. You are from Ohio, and if you have been up around Lake Erie in the springtime and those awful black flies that come out and keep you from bathing on the beach? Those are the same flies, only they are uninfected in North America. They are infected in West Africa.

Mr. HALL. In the area that you are working in, West Africa, not all of these flies are infected. Am I correct?

Dr. SAMBA. No, that is correct, but the majority of these flies are infected.

Mr. HALL. Where do you find these flies? Rural areas, urban areas, where are they?

Dr. SAMBA. They are mostly in the rural areas, but the disease, even where—in Bamako, for example. Bamako is in the middle of a heavily breeding area in the Niger River, but because the population density is high—it is more than 50 per square kilometer—the disease is not evident.

Getting the infection—in this disease, getting the infection doesn't necessarily mean suffering from the disease. There has to be a build-up of parasites in the human body over a period of 5 years plus before the disease becomes obvious.

Mr. HALL. Do you know that you have the disease during the 5 years, or it just comes upon you quickly?

Dr. SAMBA. I beg your pardon?

Mr. HALL. I mean, does one know that he has the disease during those 5 years?

Dr. SAMBA. Yes, they do. As I said, this generates tremendous itching and skin changes, debility, weight loss, sleeplessness, loss of appetite, cannot work and gradually, by 25 to 30 years, they are dead.

This disease reduces the life expectancy by 15 years. In Africa that is very significant, because life expectancy is not high anyway—it is about 45 to 50. If you take 15 years off that, with progressive suffering, it is very significant.

So people that suffer from the disease, they know it. It is one disease that doesn't mimic any other disease.

Mr. HALL. So you deal with the disease basically in two ways. You spray or you give people this drug called Ivermectin?

Dr. SAMBA. Ivermectin, yes.

Mr. HALL. That is one tablet per year?

Dr. SAMBA. It is one tablet per year, or in very serious cases two tablets per year, depending on the weight of the person.

For me, my size, my dose is two tablets. For a child or a young person below 15 kilograms the dose is one-half a tablet. So it is one dose a year or two doses a year for an adult, and correspondingly less in a person with a smaller weight, but maximum twice a year.

Mr. **Hall**. Now, that is to prevent it. What happens if you have the disease and you catch it in its early stages. Can you deal with it?

Dr. **Samba**. Yes. In the early stages the tablet is the answer.

Mr. **Hall**. The tablet.

Dr. **Samba**. The tablet is the answer. For anybody that has the tablet—the tablet brings the parasite loan in the human body from 100 to 5 percent in 3 days, and that effect lasts for at least 6 months, sometimes a year. It is a very effective, safe tablet. It has side-effects like all medicines, but it is reasonably simple and safe to handle.

Mr. **Hall**. Dr. French.

Dr. **French**. Yes. Congressman Hall, I would like to point out the similarity in several ways between the treatment of onchocerciasis and nutrition blindness from vitamin A deficiency.

The same population area, for different reasons, is subject to vitamin A blindness and the treatment is to give two capsules of vitamin A per year, so there is a tremendous overlap in terms of approach to the disease and its treatment, which makes it particularly interesting to the PVO's who are involved in blindness prevention and treatment worldwide.

Mr. **Hall**. So you give them a tablet or two of Ivermectin and then a couple of tablets of vitamin A?

Dr. **French**. Right. The vitamin A costs 10 cents a capsule. The Ivermectin is free, due to the graciousness of Merck, Sharp and Dohme.

Mr. **Hall**. Now, the funding last year—as I understand it from your testimony, Dr. Samba, the funding could be short about $14 million, as I understand it. Is that correct?

Dr. **Samba**. Yes, sir.

Mr. **Hall**. The U.S. Government has been active in this and is looking to contribute around $5 million.

Dr. **Samba**. Yes, indeed.

Mr. **Hall**. We are not quite sure if that is going to be the number—if, in fact, you will get that. What would happen if the United States did not meet this commitment of $5 million?

Dr. **Samba**. The consequences can be serious in the sense that the other 21 donors look upon the United States to play the lead role.

When we go around to the donors they always ask, well, have you seen the United States yet?

Second, $5 million in $14 million is quite significant, and, therefore, in response to your question, what will happen if the $5 million is not forthcoming, we shall continue to make efforts for the other donors, but perhaps I can give you my experience when I was director of medical services in my country in 1978, when we had an epidemic of yellow fever.

Mr. **Hall**. What is your country?

Dr. **Samba**. Gambia, little Gambia in West Africa. I went straight to the U.S. Embassy because I was their doctor, I was the doctor of the Ambassador and his family.

He said to me, well, you know, Dr. Samba, we are good friends but for these things you have to go through the minister of external affairs and so on.

I said, yes, I know this, but I am faced with an emergency of yellow fever, which history has said in 1932 wiped out 50 percent of my population within a short period. That is why—I would pass through the normal channels, but being friends I thought I would approach you first.

He said, well, have you seen the other Ambassadors?

I said, not yet. I said, let me tell you, my friend, I said, I am a poor man that is threatened of death and I am looking for help. I have many friends. I know those that can afford it but they haven't the heart to give it. Those that have the heart to give it cannot afford it.

I also know those that have the money, the means, and they have the heart, and this is why I come to you first.

He was extremely cooperative. He contacted CDC/Atlanta and they sent me Dr. Monath with vaccines and then, of course, I went through my government, which takes some time, and to WHO and to Britain and the French organizations. Within 6 weeks, with the help of the Peace Corps and the U.S. collaboration, we covered 98 percent of my country's population with positive seroconversion.

So, again, with that experience, when we have the shortfall my first approach is the United States.

Mr. HALL. Tell me about Sierra Leone, as far as river blindness and vitamin A. What is going on there?

Dr. SAMBA. Sierra Leone is now part of this program. We started with seven countries and since 1986 four countries have been added. Sierra Leone is one of them.

We have just finished the preparatory work for larviciding. We have done epidemiological surveys. We met with some of the NGO's and PVO's, which include the Helen Keller, and all of them, including OCP, are working in Sierra Leone.

We selected Sierra Leone as the test country where the PVO's with the national government and OCP will collaborate. This report was made to the governing body of OCP in Dakar in December. The minister of Sierra Leone was extremely happy that we will be using his country as the first country for the collaboration in Mectizan and vitamin A distribution.

If you do happen to go there and mention this to the minister of health in Sierra Leone, he will give you more details.

It is a country where this disease is very serious and vitamin A deficiency is also a serious need.

Mr. HALL. Dr. French.

Dr. FRENCH. Yes. I agree with everything Dr. Samba has said.

I should like to emphasize the fact that Sierra Leone is an extremely poor country, extremely poor. It very seldom is in the news or is this popularized, but I have been there any number of times, as has Dr. Samba.

So you have a population which is on the verge of destitution, which means that their nutritional status is extremely poor, and thereby we have the vitamin A deficiency blindness, xerophthalmia, but in addition in the western sort of mountainous areas bordering on the central zone for oncho involvement there is a considerable amount of onchocerciasis, but it has only recently come under the OCP, so that the effects of the spraying, which are 90 percent effective in the central area, have not had the chance to be that effective in the peripheral areas, one of which is Sierra Leone.

So Mectizan distribution in a country like that will shorten the time in which one can control the disease. Rather than having to wait a number of years for spraying to effectively control the black fly, one can affect the human population, and by in effect sterilizing it one sterilizes the black flies, as well.

Mr. **Hall**. Now, the reason I ask about Sierra Leone is that I am going there next week. I am taking 15 people with me.

Dr. **French**. Yes.

Mr. **Hall**. I have kind of had this idea on my mind for some years now, to take an underdeveloped nation, like so many of our nations in the world are, and to adopt it.

I am going to suggest in my district, the county and the city and businesses, that they might adopt the country and work first on the health needs such as basic health and education. I would like to be able tie in and work with you on vitamin A and get the businesses and stuff to become involved.

So we are taking 15 people, most of whom are from my area, to look at it and spend about 5 days there.

Dr. **French**. Very good.

Mr. **Hall**. So that ought to be——

Dr. **Samba**. The minister of health will be very grateful, because we also decided to adopt Sierra Leone as the country to start this venture, and you are coming in to support that.

You will hear him, when you go, mention the program. He probably himself will spontaneously mention it. He is very enthusiastic.

Mr. **Hall**. Well, it is an interesting country for us to adopt, because it has either the second highest infant mortality rate in the world or the highest.

Dr. **Samba**. Yes.

Mr. **Hall**. It has the lowest life expectancy of any country in the world.

Dr. **Samba**. Yes.

Mr. **Hall**. It has high illiteracy, and so I am kind of looking forward to it. We have some connections there. We have a major corporation that is located in my district that is the major mining outfit in Sierra Leone.

Dr. **Samba**. Yes.

Mr. **Hall**. Mr. McNulty. Any questions?

Mr. **McNulty**. Thank you, Mr. Chairman. Dr. Samba and Dr. French, thank you for your testimony. I came in a little bit late after you had addressed this, but, Dr. French, how many cases of blindness and child death do you think could be avoided with the effective use of vitamin A?

Dr. **French**. I am really hard put to give you a meaningful answer to that. The reason is, as I tried to bring out as much as I had time for in the testimony, is that the problem has not been examined sufficiently.

Most of the work in vitamin A deficiency has occurred in Asia and it has gone on for over 10 years, and very effective programs have been developed in Asia, in Indonesia, Bangladesh, Thailand, a number of countries on the Asian continent.

It is only within the last few years that anybody has really looked at Africa in terms of vitamin A deficiency, and that because of the drought and starvation, the famine occurrence there.

So at the present time we have done surveys in six countries only in Africa and have begun vitamin A distribution on a very limited scale in Mauritania, Burkina Faso, and Niger and hope to begin distribution of vitamin A in Mali and Senegal in the very near future.

I should like to mention that all of these countries are amongst the eleven OCP countries, as well.

The baseline data—and this is part of the appeal that I made in my presentation, is to have sufficient funding flexibility to establish the kind of data base that we really need to know in order to find out the nature of the problem.

Tony Gambino of your staff and I have talked about this on several occasions. We are barely seeing the tip of the iceberg, we are convinced, because of the extensive nutritional problems that preexisted, even, the drought and famine—and, as you know, Africa has the highest number of displaced persons due to civil strife and so forth.

So there has to be a tremendous load there. We just don't really know.

Mr. McNulty. We saw a good many of them in the last couple of weeks on our trip to the Sudan.

Dr. French. Yes, the Sudan is an excellent example, excellent example.

Mr. McNulty. Following up on the vitamin A situation, my next question has to do with cost. Do you have the resources available to initiate an effective program, in your estimation?

Dr. French. We do have the resources—this is assuming that the funding level is maintained the same as it is at the present time, which I think is around $8 million per year. Of course, that is up for consideration again. If that is maintained, I don't think that there is any doubt that the program can continue to evolve, but that is essential. Any decrease in the program would be disastrous.

I have to warn you, however, that as we learn more about the extent of it, the need may increase in the future, but we would like to establish the data base to justify that.

Mr. McNulty. Doctor, how do you balance the twin strategies of distributing the capsules of vitamin A with encouraging people to grow any foods that are rich in vitamin A?

Dr. French. That is a part of the program. There are two aspects of the program. The capsule distribution is an emergency here-and-now kind of thing to do, but an extensive part of the program that we in association with UNICEF are currently involved in is the gardening program and the growing of green, leafy vegetables, the use of certain fruits which can be used extensively in Africa because they grow there. That is all a part of the program.

On an ongoing basis it would not be necessary to distribute any kind of capsules if that were done extensively.

Mr. McNulty. Thank you.

Mr. Hall. Mr. Emerson.

Mr. Emerson. No, thank you.

Mr. **Hall.** As far as coordination, along with the PVO's, how is that working? Like, when Helen Keller gets together with WHO, and let's say you take a country like Sierra Leone, how do you do that? How do you work that out with the other PVO's? Is it hard to encourage them to take this project on, or how does one go about that?

Dr. **French.** I think that there is a great desire for cooperativeness on the part of PVO's. We have, for instance, in the audience today the executive director of the International Eye Foundation. They along with Helen Keller are the two major such organizations in the United States.

Worldwide there are seven organizations like that, all of which are involved in the treatment and prevention of blindness. We have had over the past at least 7 years an informal relationship which is called "the partnership."

We have just recently made the decision to formalize that association, so that we could work even more closely together, as we do now. We work very cooperatively in a number of places in the world, each with the other, so that is not—it has not been a significant problem in the past and should become even more organized in the near future.

I think Dr. Samba has some comments about the PVO's and their historical relationship with governments and so forth.

Dr. **Samba.** Personally, I have been associated with PVO's for many years. In regard to this program, Helen Keller, the International Eye Foundation, the Royal Commonwealth Society for the Blind, and the Christophenblinden mission approached me in 1987 and suggested a collaborative effort between them and OCP in regard to blindness and the use of Mectizan. We had preliminary discussions and I told them I welcomed the collaboration.

I know of many PVO's. Some are excellent and some mavericks. Before we start, we must agree on certain modalities. I said to them, first they must have sufficient resources to be able to collaborate.

They must not piggy-back on either OCP or the participating African government.

Second, they must guarantee collaboration for a minimum of 5 years, because we wouldn't like people who were coming for, in fact, a few weeks and so on and leaving us high and dry.

We discussed this. They said, well, 5 years is a bit long but 3 years, they should be able to guarantee that. Third, we must sit down and work out protocols that will be respected by the PVO's and OCP, and if there is any change it will not be done unilaterally, but we will meet again and discuss the change.

Finally, once we identify what we should do and how we should do it and where we should do it, we will be working together with the nationals, monitoring and evaluating the work as we go on.

All of these policy matters have been settled now. As Dr. French said, on the 27th and 28th of this month in Ouagadougou we shall meet again to work out the practicalities of actually distributing Mectizan.

For the few PVO's that we have identified so far, the prospects are very good, but, of course, there are bound to be organizational problems which we shall only learn how to resolve as we go on.

Mr. HALL. Thank you very much for being with us today. We appreciate your testimony.

We might have some other questions that we didn't ask. We might want to send them to you.

Dr. SAMBA. Thank you, sir.

Mr. HALL. Thank you again, Dr. French.

Dr. FRENCH. Thank you.

Mr. HALL. The second panel consists of Deborah Szekely, president of the Inter-American Foundation, and Leonard Robinson, president of the African Development Foundation.

Please come up and we will hear your presentations, followed by questions. Deborah Szekely will—am I pronouncing it correctly?

Ms. SZEKELY. That is correct, thank you.

Mr. HALL. Thank you very much. We will start off with you.

STATEMENT OF DEBORAH SZEKELY, PRESIDENT, INTER-AMERICAN FOUNDATION

Ms. SZEKELY. It is a special pleasure to be here, because I represent a very small U.S. agency of which I am very, very proud to be a part.

We do many things. I have been with the foundation for 5 years as president. I think what is most effective working in Third World countries, or first world countries, is training the trainers, the people who go out and do the work.

Well-trained, they can create the changes, because the people are willing but they don't have the skills and they don't know how.

Another thing that we do that is terribly important is networking. When we find good projects, good community attempts, we bring people to see them, to visit them, to look at them, to ask questions. They go home and try to replicate it and then we send the people that they learned from to come and visit and look and help, so that those two points are very important for a small agency like ours, the flexibility of acting on a good idea and then being able to carry out the plan.

We are 21 years old this year. We have been 18 years in the field. We were created by Congressman Dante Fascell and Brad Morris as an alternate to the formal and general forms of international assistance.

Our budget runs around $31 million annually and our overhead is 15 to 17 percent. Because of good management, 70 percent of our funding is just about done halfway through the fiscal year, so we have time to do what is very special.

We fund with a learning component. We don't just give money away—our big advantage is this learning ingredient, so that we can build on our experience. Each year our projects get better, more satisfying, more successful, more pleasing. It is like going up a ladder.

Our average grant is $72,000 for 2 years, so we are working truly with the poorest of the poor.

What is special, too, about the foundation is that we respond to people's ideas. We don't sit in Washington saying, oh, if they do so-and-so it will be a great idea. They have the ideas, they write us, and because we work in every single country of Latin America and the Caribbean except Cuba—and I have visited every single country except Cuba, Surinam, and Guyana, looking at grants, several times in the last 5 years.

I have seen how the knowledge builds, because poverty has a very similar face, whether it is in Africa or Latin America or even in our own country.

Our general criteria, which I am going to describe briefly before I get into some grants, is that we are creating an infrastructure for democracy. We talk about institution building. What it really is, is volunteerism.

I am on the National Board of Volunteers here in our country. You can match for each volunteer in our country a volunteer in Latin America, people who are extremely interested, extremely concerned about improving their country. What we do is make this possible through these different kinds of grants.

Each project supported has to be community building, as well. It is important, you know, to create this infrastructure for democracy, to strengthen, to give roots. We see that it fits into the community and that there is a counterpart of responsibility. It is not just a matter of giving money. It is teaching stewardship, so that the learning component then becomes very basic to everything we are doing.

One way that we are able to do a better job in 20 of the countries in which we work through what we call in-country service organizations—ICS.

These are essentially moonlighting local professionals who visit each project four, six, seven times a year, as many times as necessary, to help prevent problems, prevent people going off a precipice, to see that they have the kind of training, the kind of technical aid, the kind of tools they need.

We also have in many of the countries what we call an in-country fund, so that if you need something under $5,000, whether you are a grantee or a nongrantee—very often all they need is $2,000 or even $300 or $400 for some particular piece of equipment—that can be done at once.

We can normally make grants within 6 months, sometimes 3 months, with the in-country fund under $5,000 grants can provide immediate help.

As far as specific projects, that have particular learning components—about 3 years ago I went to Chile to see an educational training institute in agriculture which has urban gardens in half a dozen cities throughout the country. They not only teach the people new techniques, but they teach pesticides substitution. They teach the different ways to preserve the soil and preserve the water, so that the participants not only are learning urban gardening but are at the same time learning nutrition, they are learning hygiene, they are learning all the different skills that are so important.

This was a particularly good project, so we arranged this year for the institute to make its facilities and training available. We sent people to the institute from eight countries. By the end of this year there will have been 80 people who have gone to Chile for training.

These 80 people who are trainers spend 2 weeks learning and seeing the urban gardening, seeing how it works, talking to the people. They are like agricultural extension agents who will go back to their countries and then people from the institute in Chile will visit them and see what they have done and be able to say, well, you know, you didn't quite get this right and if you do it this way it will be a little better.

So this is part of this flexibility of being able to network, being able to send the money so that they can go and visit one another and see and learn and follow up.

In addition, they write and ask questions and relate back and forth among one another.

Another wonderful project in Honduras is called Agua Por el Pueblo. I will just give you a summary.

The foundation's field representative had visited them less than a year before when he took me on a long jeep drive, 4 or 5 hours. I was dozing and the car stopped. He said, "Oh, I'm so embarrassed, I passed the place. I don't know how I passed it but I passed it."

I said, "Well, let's turn around and we'll find it. I'll help you spot it. I'm awake now." He said, "Well, there's nothing. There is a flat plain and a big tree."

We turned around and in about 20 minutes we came to a flat plain, a big tree and 70 new houses, constructed in just over a year.

The people had carried down from the mountain their old tin roofs. They had erected new wattle houses. Every house had a faucet. It was Agua Por el Pueblo, water for the village. Every house has an urban garden—I would love to take you all there. It is a fantastic project.

We saw trucks lined up because they were picking tomatoes and there must have been five trucks waiting to carry off tomatoes.

In an adjacent field they were planting new tomatoe seedlings. In another field—and this was all in a little over a year—in another field they were planting onion and garlic sets.

What was particularly interesting—this happened to be a Saturday—the kids were all shucking corn as a little machine that took the kernals off the corn cobs passed from house to house. They were all collecting and stacking the corn cobs. They had a version of an arena stove in which they burned the corn cobs for their cooking. It was a table top semi-covered stove for maximum efficiency and hygiene.

Then as we walked on we saw a carpenter shop making doors and windows—people who had never had a door and a window because they never had anything to close in.

Further on in this one project was a fish pond in which they were growing fish. All this started with providing water. The best part is that they were building individual galvanized silos and each house is going to store its own corn.

There was such a high excitement. They have a school—and we are talking of one small project.

Seen in other places, totally ecologically balanced projects involving vegetable gardens. They take the vegetables to sell. The vegetable garden is right next to a fish pond. Part of the fish pond is fenced in for ducks. They give the excess vegetables and the peelings to the ducks, the ducks do their business in the pond and they then take the fish to the market to sell.

These projects are all over Latin America and that is why we feel that training trainers, having people see the projects that work, to travel around and see the others, is one of the best aids to development. There is so much to learn.

Another good project—and I was there a month ago—was up on the Amazon, the Esperanca project. There they are doing primary health care. You talk about poverty and appalling numbers of kids—it was just incredible—the kids are all being weighed, they are all being measured, they all have a scale which they get from UNICEF and one of those charts on which they measure the progress of the children.

They essentially eat nothing but manioc, but the people are teaching them, because the soil is so bad, to bring some soil down from the mountain and on raised beds they are growing some vegetables.

So it is these kinds of projects that are really seeds for the future. They tie it in with essential nutrition, essential hygiene.

One other project that I was particularly keen on—this was in a barrio in Venezuela—actually, where they had the rioting—this was in the same barrio that I had visited.

There they have a program in which they train mothers. It is like a Head Start Program, similar in nature, but they do something very special.

With some rubble they built three child day care centers. The university has given them one college professor. He has arranged some professionals—doctors, dentists, people to visit and make some calls.

What they do that is unique—a mother who works 4 years for a stipend in child day care, at the end of 4 years—even though she may have had only 2 years of education, but while the kids nap she is given homework to do. So while the kids are napping she is getting a basic education.

After 4 years in a child day care center she gets a full scholarship to the university and in 1 year receives a teacher's credential for elementary school. She has done 4 years of internship and training in child care and development.

I could go on citing dozens of very practical kinds of programs. What we do that is special is training the trainers and then networking and showing what can be done, because they are doing it. All they need is a little help, and that is what the Inter-American Foundation is about.

Thank you.

[The prepared statement of Ms. Szeleky appears at the conclusion of the hearing, see p. 64.]

Mr. EMERSON. Thank you for your excellent testimony.

Before we have the questions, we will proceed with Mr. Robinson and hear his testimony.

STATEMENT OF LEONARD H. ROBINSON, JR., PRESIDENT, AFRICAN DEVELOPMENT FOUNDATION

Mr. ROBINSON. Thank you very much, Mr. Chairman.

Mr. Chairman and members of the task force, I am pleased to appear before the International Task Force of the Select Committee on Hunger to testify on behalf of the African Development Foundation on community-directed development programs which aim to improve the living conditions of poor people throughout Africa.

Mr. Chairman, ADF has been working directly with organizations in Africa for 5 years. We have not yet reached the 20 year mark, as have our fellow colleagues in the Inter-American Foundation.

To date the foundation has funded over 200 projects and grass roots research initiatives in 23 African countries.

During this relatively short period of time we have been able to test out the tenets of ADF's legislation, that community-directed self help development initiatives have a greater potential for sustainability, diffusion, and positive economic impact than top-down or externally imposed development projects and strategies.

Development and the adaptation of new technologies is a slow, arduous process. As donors we tend to look for quick fixes to the needs of local people and sometimes we forget that the development pace must be determined by the community in order for initiatives to be accepted, realized and sustained.

Life's demands on poor people do not take the form of projects that are fulfilled in specified western style time frames.

For disadvantaged Africans life consists of the need to survive in a generally harsh environment. Daily priorities are determined by their access to food, water, shelter, and income. We believe that in order for disadvantaged people to improve their economic and physical well-being, development resources must be placed directly in the hands of indigenous community groups.

Given that over 80 percent of Africans live below the poverty level, it is imperative that we as donors understand and are willing to target our resources where there is the greatest development gap—at the hands and feet of poor people, primarily village-based, throughout Africa.

The foundation's primary purpose is to enable grant recipients to generate income, increase food production, increase their access to clean water and household supplies, and increase their access to information and local technical assistance through the most economical means possible.

After the grantee has developed an infrastructure capable of responding to their primary needs, it is ADF's responsibility to assist groups to become organizationally and economically self reliant and to enable them to improve upon their basic development skills.

One of the most critical development issues confronting African nations today is how to generate jobs and earnings for the vast majority of their populations. With annual population growth averaging 3.2 percent, Africa's population will double in 20 to 25 years, making employment and productivity perhaps the most critical economic challenge facing the continent.

The foundation's development experience has shown that development resources targeted to increase the comparative advantage of rural people have the potential to help solve this critical problem.

Rural cottage industries which focus on import substitution or value-added productivity are at the cornerstone of successful rural development programs.

For example, the Youth Brigade Movement in Botswana, supported by the foundation, which increases vocational skills in cement brick making, carpentry and in metal work, has enabled many youth to become economically productive.

The brigades in Botswana represent a good example of rural ingenuity to create local jobs and services and thereby eliminate the need for rural communities to import goods, services, and skills.

Also critical to addressing Africa's unemployment problem is the need for African governments and donors to recognize the economic strength and viability of informal sector enterprises.

In light of the fact that structural adjustment measures frequently threaten to exacerbate the already fragile economic base of rural Africa, grossly affecting women and children, it is important for donors to look for innovative mechanisms to stimulate the cash economy available to informal entrepreneurs, traders, market women, and cooperatives.

The foundation's funding program aims to directly stimulate the informal sector economies, largely consisting of farming cooperatives, youth organizations, community service and women's groups, as well as entrepreneurs.

Supporting these groups is targeted toward enhancing their basic development skills and, most importantly, to increase their productivity through direct access to financial resources.

Mr. Chairman, supporting locally directed, self directed development initiatives is not without its challenges. We have learned over the past 5 years that, while rural communities have the capacity to identify their development priorities and some capacity to implement their development plans, rural communities need to increase their overall skills in fiscal and program management.

In addition, we have recognized a human resource gap in appropriately trained technical assistance providers. Where such individuals exist, they tend to lack the essential skill component required to effectively transfer knowledge to project participants to insure a lasting sustainability at the community level.

Conversely, we have been able to identify numerous African development professionals who are trained in community organization and motivating skills. However, these individuals, who are essential in order to get a community started on a development plan, lack the technology-related skills to maximize a program's success.

ADF has struggled with this issue and we are actively promoting the transfer of technology and project management skills so that community members have the internal capacity to continue the development process well after ADF funding and indigenous technical assistance providers leave the project site.

We believe that there are two essential components for community development success. First, there must already exist within the community some basic project-related skills in order for development goals to be achieved.

These skills can range from bookkeeping, conception of ideas, identification of problems and solutions, gardening, sewing, et cetera.

Second, and perhaps most importantly, the community must clearly recognize that the end product from a development initiative can be the solution to their own development needs.

Projects supported by the foundation have ranged from increasing vegetable and cash crop production among disadvantaged rural farmers to food processing and livestock marketing enterprises, tailoring and small goods production, improved water resources and management, and consumer-based industries such as furniture manufacturing, construction materials, and mechanized tools.

Just a few minutes ago my colleague from the Inter-American Foundation talked about several projects in the Latin American area. There are many similar projects in Africa that I could talk about all afternoon.

We do know, after 5 years of experience in Africa, that people at the village level, at the base of society, do have the capacity to take development into their own hands and to make it work for them.

Quite often development assistance from organizations such as ours are providing assistance to areas which have never received development inputs either from the local government or the national governments.

I just returned from Niger a couple of weeks ago, where I saw firsthand in rural Niger how some of AFD's assistance is beginning to have an impact.

I would like to describe for you one such project, in an area called Ouallam, which is approximately 105 kilometers north of the capital city of Niamey.

Ouallam about 30 years ago was a heavily forested area where a number of people went to hunt game. Today Ouallam is a very desolate part of Niger, having been encroached very recently by the rapidly blowing and advancing sand of the Sahara desert.

Nonetheless, there are people who still live in this area. They live in this area because this is their home. They have no other place to go. This is their ancestral land, so to speak, and they quite frankly don't want to have to move.

If you were to go to Ouallam, you would wonder aloud how anyone could want to live here or try to survive in this areas.

About 14 months ago I visited Ouallam to look at a project that was proposed to the foundation by the local community organization. This organization requested funds from the foundation to put in a series of wells, very shallow wells, around an area in Ouallam called the Tinga Ponds. The Tinga Ponds are simply shallow depressions between a series of sand dunes where ground water is available. All you have to do is dig 4 to 5 meters down and you have fresh water.

We funded this project because of the community participation and the extensive community involvement in planning this project. We funded the project in October of last year.

In a 3-month period of time—not in the 3 years as prescribed by the project, but in a 3-month period of time—these people themselves with local technical assistance primarily through Nigerian local agricultural officials and water resource officials, installed 60 shallow wells.

When I was there 2 weeks ago vegetable gardens were evident in the entire Tinga Ponds area, which is about 2 to 3 kilometers square.

There is no question that with small increments of assistance, the people in Africa, as in Latin America, do know how to take development into their own hands and to make it work for them.

In closing, I would like to point out the following. First, the people of Africa deserve every opportunity to participate in development activities which directly impact their development wellbeing.

Second, the end result of community-directed development initiatives can, in fact, substantially improve the living conditions and enable Africa's poor to move to another progressive step in the development process.

Third, the American people deserve the greatest return on their dollars invested in foreign aid. Thus, we are convinced that projects which provide the opportunity for the poor to be directly engaged in their own development and projects which involve African experts as technical assistance providers to the poor, plus the utilization of African expertise in accounting and project evaluation, afford the American taxpayer the greatest economic return on their dollars invested. Mr. Chairman, we know that the infrastructure exists at the village level in Africa to absorb direct funding assistance. We know that the commitment exists at the rural village level in Africa to implement development initiatives and to insure the success of initiatives undertaken.

We know that the knowledge base exists in Africa to carry out village-based needs assessments. We also know that African villagers are willing to receive help from African development experts.

We also know that, by and large, African governments are not opposed to allowing Africa's poor at the village level to participate in an autonomous fashion in their own development process.

In this regard we also know that $250,000 or $50,000 or $20,000 projects strategically placed, potentially render a greater result than a $10 million project ill-conceived at the macro level in anticipation that, through the maze of bureaucracy, the disadvantaged will benefit through the so- called trickle-down effect.

Therefore, Mr. Chairman and members of the Task Force, we urge you to continue your support for development initiatives which create and stimulate growth at the base of African society.

Thank you very much.

[The prepared statement of Mr. Robinson appears at the conclusion of the hearing, see p. 72.]

Mr. **PENNY**. I would like to have both of you respond to the similarities and the differences between what you are involved in and what AID does in terms of its microenterprise funds.

It seems to me that the intent, at least the understanding legislators have of the intent, on the microenterprise funds should track with the types of programs and projects that your organizations are focused on.

Are there differences? Are there similarities?

Ms. **SZEKELY**. I would like to make two comments. First, A.I.D. is aware and is undergoing changes, as I am sure you know—they really are studying their methods.

Our two biggest differences, as far as the Inter-American Foundation, is that we are responsive to the ideas, to the commitment of the people, because it is their idea.

Second, we have a learning component. We are learning and building on our past experience, since we have had almost 20 years of experience in doing these things.

When we fund a project we have a distinct list of benchmarks that we help the grantee to carry out, so that they don't have to keep on making mistakes and reinventing the wheel.

So we have evolved a very sophisticated system that is very effective in grassroots development.

Mr. ROBINSON. I would simply add the following. Yes, A.I.D. is changing. They are trying to direct more of their assistance to the grass roots poor.

I think the disadvantage that A.I.D. has, and perhaps the advantage that we have, is that we do not work through governments. Our assistance goes directly to the private sector, and therefore we are able to respond very quickly and very specifically to their; that is, the applicants, who are the recipients, request as opposed to developing such programs in a vacuum.

We are operating through indigenous intermediary organizations who are responsible themselves for making the loans and for insuring that those loans are carried out effectively.

Being responsive to the private enterprise initiatives of disadvantaged people, I also believe, is a very significant difference. These are people who cannot walk into a commercial bank in Africa and get a loan because they don't have credit references to the extent that other middle class people may have, and they don't have reputations that are highly visible within African society.

There is a tremendous informal sector in Africa which is largely left untapped because these people have not been given access to credit and we think that, whether of the African Development Foundation, that is a gap that is not being met by anyone locally or internationally.

Ms. SZEKELY. Can I add one thing to that?

We agree. Obviously, neither of us works with governments. It is part of our mandate.

You see, we give grants rather than loans. The grantees don't make that much money and so they don't have the weight of the debt. The benefits can go directly to the mothers, the women who work in the fields, the children. If they had to pay it back, the profits would be so little that it really wouldn't allow for the big advance.

I think it is terribly important to make grants and not loans. As I said, the average grant is $72,000 for 2 years. So that will give them the tractor, that will give them the seeds. A great majority of our grants are in rural areas, although we are getting more into urban, self-supporting projects. They don't have that indebtedness, so they really do make some profits. They really can help more people, get more members, grow larger and do their job better.

Mr. PENNY. How do you program the money? Do you make a decision at the outset of the year as to how much will be allocated to each country?

Ms. **Szekely**. Yes. The Inter-American Foundation has a very complicated preview/review system.

Each regional office takes over half a day, sometimes a full day, to present a proposed budget request.

Mr. **Penny**. For the coming year?

Ms. **Szekely**. For the coming year. They come to us.

Mr. **Penny**. They compile all of the requests and possibilities?

Ms. **Szekely**. Yes, and they say, these are for sure. One thing, we always run out of money a little over halfway through the year, so by the time they make that projection they already have on-line half a year's work.

So they say, these are for sure and these are maybe's in different degrees.

It is based on skills and systems. We would be happy to invite people to sit in on the preview/review process. It is a very technical process. It is very carefully done, and then the pie is divided accordingly to what they feel they can do best.

As a rule, a field representative can handle well—using the in-country service professional who visits the projects four more times a year—about $1 million per year.

Mr. **Penny**. About $1 million apiece?

Ms. **Szekely**. That is about it, and we have 25 field representatives.

Mr. **Robinson**. In the African Development Foundation we have a regional system and we only have six regional managers, as we call them. We used to call them foundation representatives but we changed our nomenclature.

We basically strive to maintain a balance throughout Africa in terms of funding potential. The program funds, which amount to 70 percent of our total appropriations, are divided equally among the six regions. Each regional manager is responsible for bringing proposals before ADF's internal review committee, which we call the project review committee, on a weekly basis.

Near the end of the third quarter, if it appears that one region is lagging behind the other—and there is what I refer to as friendly competition among the various regional managers—funds are transferred to the region with the greatest pipeline, so that all of the funds are successfully programmed before the end of the fiscal year.

Mr. **Penny**. What percent of the projects that you are involved in require multiyear funding assistance, and do you have any projects that might get financial assistance for more than 3 or 4 years?

Ms. **Szekely**. Actually, all of our projects are multiyear. Development is not fast. Trees don't grow overnight and it is not a shallow-rooted system. It evolves.

Mr. **Penny**. If you have a project, let's say for example the Tinga Ponds project, at some point there is a completion to that basic project. In how many years?

Mr. **Robinson**. That's true. The Tinga Ponds project is a 4-year project.

Mr. **Penny**. A 4-year project.

Mr. **Robinson**. I would say the average project life in the foundation is between 3 and 5 years. We have small projects that are for a very specified period of time—it may be a marketing study, it may be a planning grant that will last 6 months or 1 year. But, as Deborah indicated, development is not a black-and-white situation. It is not a quick process.

It is a long-term process. We sort of see ourselves as catalysts, if you will, engines in getting the development process either underway or to move it to a higher level in the process.

We also believe at the foundation, that if you stay in any project as a donor any longer than 5 years you are beginning to create a dependency. This is why we stress very heavily in the foundation sustainability through income generating.

We do not believe, however, that income generation is the panacea for sustainability, but we do believe that by encouraging local organizations to generate some income through the sale of vegetables, fruit, and furniture can enable groups to establish a project maintenance fund so that when ADF assistance terminates the project activities will continue long after the foundation's assistance has terminated.

If that organization has to go to another donor for additional funding, then we believe we have failed.

Ms. SZEKELY. A lot of that, obviously, is ditto. It depends. If it is an organization, a PVO organization which is out working in the field, we talk of a partnership grant, because they will get more and more skilled and be working with more and more groups, creating networks of groups which interact and feed one another.

If it is a project, then of course it has a very clearly defined beginning and end. Many projects lead to another project. We all talk about the transition between dependence and independence. That graduates, depending upon the project.

A simple project, yes, and that is clearly defined, but if you are looking at the longer range permanent development, permanent growth, development then is like an ever extending pond with ripples going out further and further, bringing in more and more people into this skilled pool.

So it really depends upon the individual skills and how well they do, but projects do have a beginning and an end, and 3 to 5 years is a good time frame.

Mr. PENNY. Is it significant to quantify how many of these projects are done in affiliation or in association with some other group, PVO for example, or isn't that significant?

Ms. SZEKELY. It's important. It is a support system and they need that support system.

Mr. PENNY. Do you have a handle on roughly how many of the projects on an annual basis that you are involved with may have some supplemental work going on?

Mr. ROBINSON. It is very important to know that. I think there are some advantages to collaborating and coordinating with other donors, be they local indigenous donors or expatriate donors particularly as it relates to the absorptive capacity of village groups.

Most organizations, however, have differing or competing terms and conditions, reporting requirements, et cetera, which can make collaboration with other donors very cumbersome for the grantee. You want to be sure that you are not duplicating an effort, as well.

With respect to multifunded projects, it is important to track this so that all the donors involved have the same project concept and funding, especially philosophy.

In terms of leveraging the limited resources of the African Development Foundation, we often look for ways in which to collaborate with other donors.

Our preference, however, is to be the sole funder of a project, because the foundation encourages grantees to generate sufficient income so that they can sustain themselves after ADF's assistance terminates.

Sometimes when you collaborate with other donors you find conflicting funding philosophies.

Mr. **Penny**. Do you have a break-up—and I am just looking for ballpark numbers here, you don't have to be precise—of how many of your involvements are tied to assistance that would be with, like, an individual entrepreneur, either a farmer or a businessperson? How many are tied to a more cooperative arrangement, where it is a network kind?

Ms. **Szekely**. We don't give money to individual farmers at any time.

Mr. **Penny**. So it always has to have a——

Ms. **Szekely**. It always has to have a community link and be community based.

Mr. **Penny**. How about in the business end of things?

Ms. **Szekely**. Same thing. I mean, it is a cooperative, it is a collective, it is a group.

Mr. **Penny**. It has to be a cooperative or collective kind of thing?

Ms. **Szekely**. Yes, we do not benefit an individual——

Mr. **Penny**. Is there some kind of a governance structure among the recipients or the beneficiaries that makes it clear that this is a cooperative kind of effort?

Ms. **Szekely**. Oh, yes, a board of directors, the whole thing. That is why we visit the projects four times a year.

Mr. **Penny**. I know you talked about local involvement and local support, but I wasn't sure if that was just interested parties or if there was some official structure that led to that kind of local involvement.

Ms. **Szekely**. I want to bring up one thing on long-range. One project will lead to another. There was one I brought that I didn't read, not wanting to take so much time, but where we worked with a group, teaching them to abandon modern, chemical-based agriculture and the use of pesticides.

Well, we got into reforestation, we got into soil. You know, as they become more sophisticated they are ready for larger steps.

If you start in the beginning and say ecology, they are not ready. They are interested in eating first, but once you can get a sustainable agricultural project, then you begin to talk about the forests that are gone and the waters that are being polluted, you are creating really much stronger groups which are more important to their country and community.

That is why you can't say, you know, 3 or 5 years. You have to see what they are ready for next. It is sort of like going from kindergarten to elementary school to high school and on.

So our job we see as community development, working and helping them along so that they are not only sustainable but they are sustainable with growth, and that is what the learning component is about.

Mr. PENNY. My understanding is that you have some projects in Nicaragua.

Ms. SZEKELY. Yes, we do. They are small water projects. We have continued to work there.

Our mandate says we are above and beyond short-term foreign policy. We have stuck to that mandate. They are not major projects, not because of us, but Nicaragua finds it very difficult to buy supplies.

They have had a hard time in these water projects. They can't get electric lines laid. So it is not very practical to have a lot of projects at this time because they can't get things. The dollar is worth very little on their exchange for what they can buy and use and so it is a small program at this stage.

Mr. PENNY. Are there any countries in Central or South America that are not opening their doors to your work?

Ms. SZEKELY. We work everyplace but Cuba, and that is how we were set up. We are welcomed and have a huge network, we are very lucky in that over the years we lead a network of thousands of people who work in the field, so that as we start a project we have this great support structure that we can call on.

It's like having a Rolodex, not only one for agriculture, one discipline, one this and that. We can call up on a huge network to support and sustain and improve the project.

We also cluster our projects. We have them in one region so that they can affect the municipalities in which they work. We don't scatter one miles from another that you have to travel 3 days to visit and 3 days back.

We like them to have a multiplication effect on the community so that—for instance, in Colombia, the field representative in explaining her projects there drew a series of spider webs, you know, with links going out in all directions, showing how they interconnect and how one—in marketing in particular that was enormously effective, was able to involve many coffee growers or many craftpeople. So we work in this networking area.

Mr. ROBINSON. Congressman, I can't resist the opportunity to comment on this question from the standpoint of Africa.

We are welcomed in every country in Africa. Our real problem is the limitation on our appropriations. In fact, I brought with me—or if I didn't bring it with me I would certainly like to submit it for the record—a letter which I got from the Secretary of State for planning and international cooperation from the Central African Republic just a few days ago. This was an unsolicited letter from this high-ranking government official asking that the foundation begin operations in his country as we have in 23 other countries.

The demand for this type of assistance is so incredible, the pressures on the foundation to move into countries like Mauritania and Chad and Burundi and Burkina Faso are enormous, but because of the limitation on ADF's resources we are simply unable to respond.

Mr. PENNY. One last question that I have, and then I will turn it over to my colleague, Mr. Hall.

Do you have the authority to secure funds other than government funds for your work and, if not, would there be any advantage in having that power or do you feel that you would only be competing for the same money that cooperatives and charitable groups need to conduct similar work, and therefore there is a finite resource.

Mr. **Robinson**. We do have that authority. As a foundation we do have the authority to accept funds from the private sector here in the United States. The legislation does somewhat preclude us from going out and actively and aggressively soliciting for such funds.

Mr. **Penny**. I do know, for example, of farm cooperatives in the upper midwest that are very interested in development programs. They conduct some themselves. They do some in partnership with charitable groups. There may be other opportunities for you to actually recruit the money.

I am just curious as to how much you are involved in that and whether there is more authority needed to allow you to do that.

Ms. **Szekely**. I do have a real comment on that. I was at USIA prior to coming to this job. We tried to do some fund raising. We had very strong private sector connections, but people are very reluctant to give to Government agencies. They feel they give through taxpayers' money.

We have the authority. However, no one has offered money. To do real fund raising we would have to have a development division. We would have to have staffing. They would need to go out and actively solicit.

Government agencies in general—because we checked, after a disastrous experience at USIA, and find it generally very difficult to fund raise from the private sector.

Mr. **Penny**. A related question is, is there any interest on the part of the private sector or the cooperative sector to actually contract with you and through you to get a project done that they are interested in doing but they would just as soon have your expertise?

Mr. **Robinson**. Yes, I would say so. We have been approached by a number of organizations to place funds in the foundation. One of the problems with this is that they want to earmark where those funds are going to be allocated in Africa and they want those funds to be used only for program purposes and not for administrative purposes.

Since the foundation is already limited in size in terms of our staff ceiling, if we were to accept private sector funds we would have to have additional staff in order to program and monitor the additional project activities.

So we have been reluctant to accept such offers at this point.

Mr. **Penny**. I don't have any further questions, but I want to thank both of you for your excellent testimony.

Mr. **Robinson**. Thank you.

Mr. **Penny**. Mr. Hall.

Mr. **Hall**. Just a couple of questions. I thank you for being in front of us today. We welcome both of you and certainly your foundations, the work they are doing.

It is nice to have Lynn Gwinn back with us. She was an important, very important, asset to this committee. She performed some very good work on food legislation, so we were sorry to lose her.

Mr. **Robinson**. She has been an important asset to the African Development Foundation, Mr. Chairman, I assure you.

Mr. **Hall**. As you know, I am a supporter of what you are doing. As a matter of fact, I am trying to get you a little bit more money with our bill that we introduced.

What are the two or three projects that are your most favorite projects, that not only you like to do but that most African nations and inter-American nations want you to do?

Mr. **Robinson**. Well, I think that Deborah and I could hold you spellbound for the rest of the day talking about our most favorite projects.

I spoke of the Tinga Ponds project, Mr. Chairman, while you were out voting. Just let me talk about one other and then turn it over to Deborah.

We funded a project in Kenya back in 1985, one of our first generation projects, a $250,000 project, which is the maximum that we can provide through the African Development Foundation for any one particular project or development activity.

This is a water project that was developed by a consortium of villagers at the base of Mount Kenya. They wanted to tap the flow of water from the melting snows and rainfall from the top of Mount Kenya.

They developed a proposal and had a local Kenyan water technician provide the technical input to the proposal. Then they approached various donors in the Nairobi area, of which there are many, as you probably are aware.

No one was interested in funding the project. They thought it was too ambitious for a village group to handle. They thought that the technology was inappropriate for the area.

They subsequently, through the recommendation of a Peace Corps volunteer who was on his way back to Wisconsin after finishing 3 years as a volunteer among these villagers, sent the proposal to the foundation.

We analyzed the proposal. We looked at in the field and consulted with the local Kenyan water technicians to be sure that from a technological perspective this was something that was realistic and feasible.

Well, to make a long story short, we funded the project and this group of villagers organized themselves and divided themselves up into work crews, where one village would dig on one day and the next village would dig on the second day and the third day, and on the fourth day all of the villagers together dug by hand, with hand tools, a pipeline 13 kilometers down the slope of Mount Kenya, across the savannah area, into a series of holding tanks and a piping system, and today this village and these villagers—about three or four villages—are now receiving water through this system.

The women do not have to walk 5 miles every day to fetch water. There is a sprinkler system and irrigation system that has been installed for vegetables and other crop production in the area.

This particular project has had a significant impact on the daily lives and the living standards and conditions of the people of this area. The project was concerned and carried out by the villagers and was not done with expatriate technical assistance. The project is being sustained by the three villages. They are charging a minimal amount of money for the water so that, with respect to repairs to the pipeline, they will have funds that they can use for such purposes.

There is another project in Zambia, outside of the capital city of Lusaka, that we provided a $14,000 grant. This is the Desai weavers project, a group of women, organized and supported through the local YWCA, who weave rugs, tablecloths, table mats, and other related items.

This project has resulted in an incredible demand for their products in Zambia, in the Lusaka area in particular. The YWCA is working with them to try to set up export and other marketing opportunities for them, but more importantly, the women are earning income from the sale of their products.

They have added rooms to their houses which are made out of concrete, they have put in water supply systems and they are earning about $100 a month. This is in a country where the income per capita per year is about $300 to $400. This has been achieved with an initial investment of $14,000.

So I think these two projects—and there are others—illustrate that if you place resources along with the responsibility and the trust and confidence into the hands of local people they will be able to achieve their economic potentials.

Ms. SZEKELY. Projects that excite me very often involve children as well as food and the multiplication effect.

A particular favorite of mine is the Gamines project, which helps street urchins in Bogota, Colombia. At any one time there are just under 500 young people involved in this. It is an example really to the world of what can be done.

Again, you find a charismatic leader—this is a Catholic priest—who is dedicated. Originally he started working with the kids in a so-called reform school and then he decided that by that time it is too late and that he was going to have to get to them first.

He has a five-step process and the children end up in a vocational school so that they will get jobs. This will give you an idea—when you visit you see a huge bulletin board on which business cards are fixed. These are business cards of the graduates.

Then we go out and see how he gets the kids. The kids sleep on little street corners and, you know, in doorways shielded and in groups and packs.

The kids are picked up and taken to step one, which is a place where they can bathe and have their wounds dressed—there is a nurse there—and wash their clothes. They have not too much of a breakfast. He makes a point of that, because he doesn't want them to become dependent, so it is a storefront bath and wash your clothes facility.

The kids have good dinners, because they go to the restaurants when they close and they get the leftovers, you know, half-eaten food, so they are not suffering from malnutrition, but they have all of the other problems.

This facility, as in all five facilities, is manned by the older kids, one step older than the ones they are helping. So they pick up these kids from 3 to 5 years old, 6 years old, 7 years, bring them to this first step, where they get these little services.

At that time, while they are being fed breakfast, the older kids tell them about what to them seems like heaven—it is called Florida, which is the fifth step in this sequence, it is like a college campus, a beautiful place.

Anyhow, those who are interested go to step two, which—since there is so much drug addiction there—it has an open door. You can leave during the month, but then you can't come again for 6 months, so that if the kid is drug addicted they have to stay there a month, they do menial tasks and receive a little bit of primary education, studies are made to identify where they are in their education level. This is a very unattractive facility.

Step three, they go to a school—and everything is done by the kids—there are only two volunteer nurse superintendents. The education is done by the older children. Some stay there 1 year and some stay there 4 years, depending on how quickly they learn to read and write properly.

Then they go to a kind of a junior high, where they grow all the vegetables for all five facilities. They have flower gardens. They learn geography, which is a wonderful thing. They cut stories out of the newspaper and there is a map of the world, without the names of countries. The kids as they read aloud a newspaper clipping has to put the clipping on the appropriate nail, they are graded by where they stick the clipping. They know where France is, they do know—because I sat and watched these little kids reading their clipping and putting it where it belongs and then everybody applauds and they get an "A."

They are learning about history. They are learning about what is going on in the rest of the world. We have sent many people to look at the program.

The final step is a real vocational school. They repair the school buses for the school system, so they are not only repairing their own buses, they are repairing school buses. They did the solar panels for the presidential palace. They do construction, welding of window frames and door frames. It is a money-making vocational school that helps support the whole system.

The kids who work in the vocational school are paid in Gamines money that is printed by the Bank of Colombia. It is not usable, but they can deposit it in the bank, which is run by the kids, so that when they leave they have a nest egg that may be $200. It could be $1,000.

They buy their clothes in the store with this money that they earn in the vocational school.

What is particularly impressive, when I was being honored as a guest and everyone had taken the tables and chairs from their dormitories. They have a mayor and a community government, and the mayor is brought to the United States for additional training, then goes back and sets up other programs in other countries.

When I got there, Father Niccolo and the students stood up, I assumed he was going to say grace, their symphony orchestra played the Star Spangled Banner in our honor. It was very impressive, they played very well.

Their symphony orchestra has won prizes throughout Latin America. Their art is shown in major art shows. These were really street urchins. At the end of 10 years they know agriculture, they know industry, and these are the kind of programs that we can be really excited about. They have spread to other countries.

The Gamines are in the United States right now training some U.S. groups. They are working in training. Thus, as I said, training the trainers is so important.

Briefly, another project that I love very much is Panama. Iguanas are a major source of protein. They are huge lizards—about 6 feet long. Some of you have seen them. I was raised as a child in Mexico and they used to be widespread.

Over the years iguanas have begun diminishing because the trees were cut and iguanas live on twigs and leaves and insects, depending on the age of the iguanas.

Some time ago—and this was done in cooperation with the Smithsonian—they started an iguana rehabilitation plant. The iguanas are brought in, the female that is about to lay the eggs, and the eggs are put into those styrofoam boxes you take on a picnic. They are covered with black plastic and 4 inches of soil and they have a little pipe leading out for air.

When they are hatched, all of the little babies crawl up out of the pipe. The iguanas are fed a kind of a rabbit pellet that has been developed for them. In 5 months the peasants come and pick up plastic bags, of 6-inch iguanas to take home and put in the trees that they have planted—the kids in school have learned to plant fruit trees—so that the iguanas will nest and grow in their back yards and they will have iguanas for food. Iguanas don't get diseases, they don't get bugs, they don't need feeding. So you restore a natural food chain with a little bit of help.

That was not a major grant. Raising iguanas is now copied in other countries, it tastes like chicken and is a complete protein.

By being responsive to people's ideas their imaginations are stimulated.

As my final statement, in my last issue of "Grassroots Development," our journal, I said, we really need a place like this for the United States, to support people's initiatives and creative ideas.

Mr. ROBINSON. If I may just add, Congressman, we talk about our favorite projects and we talk about the issue of replication, the so-called multiplier effect in development.

Of course, with respect to the African Development Foundation, one of the limitations on replication and the so-called multiplier effect is, quite frankly and simply, the issue of resources.

Unlike the Inter-American Foundation, which is about triple the appropriation of the African Development Foundation, we are a little bit concerned about these projects which are progressive, which show progressive results.

Certainly in any village area, when a project receives ADF assistance, if that progress is progressive, if that project is impactful, if things are happening in that village—and if you are in Niger or any other village throughout Africa where people are living right on the edge of survival you can readily see the impact of a vegetable garden or a well, especially if the vegetable garden or the well was never there before and people for the first time are eating vegetables to supplement their milk and millet diet.

The multiplier effect, the ripple effect as I call it, is clearly evident. Certainly within a radius of 20 to 25 miles in rural Africa, if a project is achieving visible results, there are other people within that radius who clamor after ADF assistance or anybody else who might come along so that they, too, can replicate or duplicate what they see happening in the other village.

When I was in Korfur 2 weeks ago, which is in the middle of nowhere, I saw the project that we funded 5 years ago and it is still going on to this day. It was quite amazing to me to go back and see, after 5 years, that vegetables were still being grown in Korfur and that water was still coming out of the well that they installed with ADF assistance back in 1984–85.

I worried about all of the villages that I passed on the way to Korfur who have the same needs that Korfur has, who have the same dire living circumstances that people endure every day.

So, in order for the foundation to really expand its capacity, its ability to capitalize on those progressive projects, to capitalize on replication and the so-called multiplier effect, we really need to have increased resources in order to be able to do that.

Mr. HALL. Very briefly, how does one decide what project to take on? For example, you have limited resources—say, take an area like West Africa or wherever you might be. You don't have a person in every country, so how does one gather information and say, take this project on, take that project on. How do you do that?

Mr. ROBINSON. To some extent we address projects as they come into the foundation. We are beginning to put in place a country representative in each country in Africa where the foundation has operations. These are African development specialists who are from or native of that particular country.

If a project meets basic ADF criteria for funding consideration and if the project is within ADF's programmatic parameters we consider the proposal for funding.

We take into consideration national development plans and priorities. We take into consideration what people at the local level in each of these countries on a specific basis are requesting in terms of assistance. Then we analyze the proposal for funding.

If you look at ADF's funding portfolio over the past 5 years, we believe very strongly that our funding has basically tracked along the wishes of the people at the local level, as well as the national government.

Food production is certainly at the top of our list, and water and irrigation systems. We are getting credit into the hands of disadvantaged would-be entrepreneurs. We are putting funds into skills development, education, and training.

Most of the proposals that we get reflect the development needs of the country. Very seldom do we get a project that comes out of left field when the government and the country is moving in a different direction.

Ms. SZEKELY. We fund about one out of five. It is a hair-tearing experience, trying to decide where the best value for each dollar is, in other words, where will there be the most lasting, most durable effect.

Sometimes, because by mandate we are allowed to take high risks, we will do so—not with simple bread-and-butter projects, but where people have an idea that will lead the people upward, ideas with an educational value, a learning value, perhaps some kind of special kind of networking, particularly education such as training the trainers who go out into the field to help the people who are trying to help themselves.

So we look at each project, of five, two or three are comparatively easy to discard, but when you get down to the nitty gritty it is difficult. The problems are vast, as you know.

Mr. **Hall**. You have a project in Sierra Leone. Has that project started?

Mr. **Robinson**. We have several projects in Sierra Leone, Congressman. We know that you are going out there next week and we are very excited about the fact that you are going to be seeing at least one of those projects.

The projects that we have funded in Sierra Leone are in the area of food production, particularly rice production and rural electrification. The Yele rural electrification project that you are going to be seeing is an incredible project from the standpoint of the fact that it is a project which will have an impact on a wide area within the Yele village, because electricity for the first time will be brought to this area.

It involves the installation of a turbine on a river which runs near the village of Yele. Electrification throughout Sierra Leone is a problem. The country is lagging in this area. This is an atypical project for the foundation in that the project is well over $250,000, but it is an example of collaboration between the ADF and other donors.

Funds from other donors were brought into this project. The national government has provided some assistance for this project, as well. This is a project which, as I indicated, will have a terrific impact not only in terms of bringing fresh, potable water into the Yele area, but it will also be used to irrigate their farmlands so that increased food production can take place.

It will also have an income generating aspect to it, so that the maintenance and the management of the electrical project will continue over time.

We are looking forward to your own report on that project when you return.

Ms. **Szekely**. I mentioned high risk experimental program. We funded the original study that Hernando DeSoto did in Peru that there has been so much publicity on in recent years, because it is terribly important for the people to be able to own their land.

In many countries we fund grants to allow professionals to teach the people—I just signed one yesterday, to teach young college students to become amateur surveyors so that the people can get their land titles, because as people are moving into the cities they encroach on people who have actually lived on their land for generations just outside the city. Now the squatters come and they push out the peasants—we are not talking about rich people, we are talking about peasants who have no land title documentation.

We fund teams of lawyers who work on legal rights for peasants. It is more than just income producing grants. It really is to bring about democracy.

We are funding training of municipal employees. For the first time some municipalities have power and have the ability to administer programs, but they don't know how to.

We are doing, for instance, a conference on development and democratization in Mexico in the next 2 weeks in which people from half a dozen countries will talk on how NGO's—nongovernmental organizations—and private developmental organizations can help the municipalities to be more responsive to the needs of their people.

So, therefore, our gamut runs from the bread and butter, the income producing, but there is also all of these very creative things which we could talk about as building the infrastructure for democracy.

Mr. HALL. Well, I think it is exciting to listen to some of your projects. They are very innovative.

Ms. SZEKELY. It is exciting to be in it.

Mr. HALL. It is not often that you get to—you know, most of our projects, coming from a big Government like this, are so large and they are so quite often insensitive to people in small projects. We just have never had a facility where you spend small amounts of money because we didn't want to bother with it, because we wanted to look at the big picture, where, in fact, the smaller picture can mean, I think in many cases, much more, because it is creative, it is getting it down really where it counts.

So that the people who designed these foundations, I think, had some vision a few years ago.

Ms. SZEKELY. That's for sure.

Mr. HALL. I want to congratulate you on some pretty good programs.

Ms. SZEKELY. Thank you.

Mr. PENNY. OK. I don't think we have any further questions.

Ms. SZEKELY. Thank you.

Mr. ROBINSON. Thank you very much.

Mr. PENNY. The meeting is adjourned.

[Whereupon, at 12:39 p.m., the task force was adjourned.]

[Material submitted for inclusion in the record follows:

Prepared Statement of E. Samba, M.D., Director, Onchocerciasis Control Programme, World Health Organization

THE ONCHOCERCIASIS CONTROL PROGRAMME IN WEST AFRICA

1. The disease, its transmission and its consequences

River blindness, or onchocerciasis in the medical parlance, is caused by a threadlike worm (Onchocerca volvulus) which lodges in nodules in or under the human skin.

The adult female worms, about 25 inches long, live in the human body on average between 11 and 14 years during which time they produce millions of microscopic infant worms (microfilariae) which wander freely in the human body and give rise to intense itching, rashes and disfiguring wrinkling and depigmentation of the skin. The disease causes general debilitation but, even worse, these microfilariae also invade the eye in 10% of the cases, leading ultimately to permanent blindness or drastically reduced eyesight.

The disease is transferred from infected to non-infected persons by female blackflies (Simulium damnosum) which bite people to obtain the bloodmeal necessary for egg development. That is when they pick up microfilariae which they transport to the next person they bite. These infected flies are capable of migrating up to 300 miles, thus spreading the disease to populations distant from each other.

The blackfly breeds in fast-running water and the disease is most prevalent near rivers, where some of the most fertile land in the savanna zones of Africa is located. The disease is also found in the tropical forest zones of Africa as well as in Yemen in the Middle East, and in Latin America. River blindness is particularly serious in the savanna area of West Africa where 30 million people have been exposed to the disease. Two million people in this region are infected and close to 200,000 are blind or visually severely handicapped.

River blindness is not only a grave public health problem; it is also a serious impediment to socioeconomic development. Where the disease is rampant, people move away out of fear of being infected and going blind. This migration tends to take place from fertile lands near rivers to more barren areas distant from the rivers, where soil erosion and insufficient rainfall combine to lower productivity to levels at which the communities can barely subsist.

Furthermore, the persons suffering from the disease, often the young adult men and women who should be the backbone of society and yet can no longer work and produce, become a burden on their families and on the community as a whole.

2. The Onchocerciasis Control Programme

During the late sixties doctors and scientists became increasingly concerned with the heavy toll on health and socioeconomic development exacted by river blindness in West Africa. In a meeting in Tunis in 1968 organized jointly by USAID, WHO and a francophone African health organization, it was concluded that the disease could be controlled by spraying the rivers with insecticides to kill selectively the blackfly larvae and so reduce the blackfly population to a level where transmission of river blindness would no longer occur. Because of the migratory habit of the blackfly, localized control was not considered feasible and it was concluded that success could be achieved only by tackling a sufficiently large area. Control would be effected by using helicopters and fixed-wing aircraft to apply environmentally safe insecticides once a week during the transmission season for a period of up to twenty years by which time the adult female worms would have died out throughout the protected human population and microfilariae would no longer be produced.

Following a preparatory study financed by UNDP the Onchocerciasis Control Programme (OCP) in West Africa was established to deal with the problem starting in 1974.

The Programme initially involved seven Participating Countries, Benin, Burkina Faso, Ghana, Ivory Coast, Mali, Niger and Togo but in 1986 it was expanded to include also Guinea, Guinea-Bissau, Senegal and Sierra Leone. It is supported by a group of Donors which was increased from 7 in 1974 to 21 in 1989. Those are African Development Bank, Belgium, Canada, European Economic Community, Federal Republic of Germany, Finland, France, Italy, Japan, Kuwait, Luxembourg, Netherlands, Norway, OPEC Fund for International Development, Saudi Arabia, Switzerland, UNDP, United Kingdom, United States, World Bank, and WHO. The Donors pledge funds for six-year financial periods. The Programme is currently midway through its third six-year phase, which lasts during 1986-91. The fourth and final phase will be from 1992-1997. The U.S. Government has played a major role in this Programme in the size of its contribution and the leadership it has provided. It has always been an active and constructive member of the Governing Body of OCP and been represented by top-quality professionals in the Programme's advisory bodies.

The Programme has been sponsored by four UN organizations : UNDP, FAO, the World Bank and WHO. WHO is the executing agency of OCP and the World Bank is the fiscal agency responsible for mobilizing financing for the Programme and administering the Onchocerciasis Fund. Mr. McNamara, then President of the World Bank, in the early 1970s was one of the founding fathers of the Programme.

The OCP headquarters is located in Ouagadougou, Burkina Faso. There are 60 field stations from where entomologists and laboratory assistants provide the information necessary to direct an operational fleet of up to 11 helicopters and 2 fixed-wing aircraft on their weekly spraying of larval breeding sites. The Programme has its own radio network and runs a fleet of approximately 300 vehicles. In all about 50,000 km of river are under constant surveillance or control in a total area of approximately 1.3 million km^2 with a total population of 30 million. About 700 staff are on the WHO payroll of whom 96% are Africans. A further 300 or so are provided and paid by the Participating African Governments themselves for full time engagement in the Programme's operations.

An independent Ecological Group, composed of five internationally known scientists monitors field investigations which examine the effect of the insecticides on the environment, and recommends corrective action if required. This group is satisfied that OCP operations have had no harmful ecological effect on the aquatic environment.

An independent Expert Advisory Committee monitors the activities of the Programme annually and reports to the Governing Body. Its recommendations and comments are carefully followed by the Programme.

Since 1987 an additional tool for the control of river blindness has become available. Ivermectin (Mectizan^{R}), a drug to be taken orally once or twice a year for a prolonged period, is highly effective in killing the microfilariae and can be used on a mass-scale as it has few known side-effects. The manufacturer, Merck and Co., has taken exceptional humanitarian action in offering ivermectin free of charge to OCP and other public health programmes as long as required.

The beneficial effects of ivermectin on the disease are impressive. Soon after taking the tablet(s), people suffering from the infection are relieved from their debilitating symptoms, in particular severe itching, and the microfilariae in the eye disappear thus preventing future serious ocular manifestations. However, for those who have reached the stage of blindness, nothing can be done to restore their sight.

Ivermectin has already been given to about 200,000 people, most within the OCP area. Some people have been treated with the drug for a second and even a third time. Overall, the results with ivermectin have been most encouraging.

3. The results so far

The results of control operations conducted by OCP have been far-reaching and impressive. In the major part of the original seven-country area where vector control by means of aerial insecticiding has been carried out since 1974, the number of people seriously infected has dropped from more than one million to near zero. Vector control is already being suspended over the greater part of this area as ivermectin is being introduced to prevent possible reappearance of the disease in critical river basins.

In that same area more than four million children born since 1974 are no longer at risk of developing river blindness. A future for them free from the devastating effects of this disease is now virtually assured.

In the field of socioeconomic development the results have also been impressive. In Burkina Faso, where river blindness is now fully controlled, about 10% of the land cultivated today, which is among the most fertile in the country, was previously deserted and non-productive due largely to the presence of river blindness. Elsewhere, there has been a development of large-scale agro-industrial complexes in zones where the disease, which once ravaged the countries, has been conquered, and where sugar, cotton, rice and tea are grown, often using irrigation.

It has been estimated that there will be approximately 25 million hectares of additional tillable land made available for cultivation in the total Programme area, largely due to the success in controlling river blindness. This liberated land has the potential of producing approximately 3.3 million tons of sorghum per year, which would be sufficient to feed an additional 16.5 million people annually.

But there are also intangible benefits. OCP has been an example of the North-South dialogue at its best. The collaboration between the Donors and the Participating Countries has been exemplary and the long-term commitments of the former have provided the Programme with the sustainability so necessary for an operation like OCP. Also, the South-South collaboration has been excellent. So far, over 400 Africans have been trained in various disciplines. Of the total 1000 OCP and associated staff, 960 are Africans. The management skills acquired will be very useful to their countries. OCP has proven that a complex project can work in Africa in spite of all the problems.

The crucial role of U.S. and U.S. enterprises in attaining the success of the Programme is worth stressing. Apart from contributing a major share of the total financing from 1974 to 1989 (the United States has contributed $36.5 million out of total Programme funding of $261 million for a 14% share since the inception of OCP), the U.S. delegations to the governing body of OCP, the Joint Programme Committee, have always given full support to the Programme. In 1985 the USAID carried out an evaluation of the Programme and produced an impressive positive report. U.S. companies, e.g. FMC and Abbott Laboratories of Chicago are the producers of the principal larvicides used on the Programme. The aerial spraying contractor is Evergreen Helicopters Inc. of McMinnville, Oregon. In 1988 the value of insecticides plus the aerial contract was $11.7 million or 40% of the total budget of $29.4 million. A U.S. consultancy firm is currently carrying out a major resettlement study within the context of the socioeconomic development of the Participating Countries. As already mentioned, Merck and Co. is providing free of charge the ivermectin necessary for the OCP, the commercial cost of which in 1989 is $1.2 million. American members of the OCP Expert Advisory Committee and of the Ecological Group have played a major role in ensuring sound technical and managerial development of the Programme.

4. And the future

OCP will cease operations in 1997. The tools now exist -- the technology for aerial larviciding, environmentally safe and effective insecticides, and a new drug, ivermectin -- to ensure that this can be achieved. With continuing adequate financial support, by 1997, river blindness in West Africa will have been reduced to a level where the disease is no longer of public health and socioeconomic importance and the risk of it ever returning as a major threat to public health will have been virtually eliminated.

During the remaining eight years the Programme will sustain control operations first and foremost in the areas where control was started in 1986. Aerial spraying of larval breeding sites will continue, but large-scale ivermectin distribution to infected populations will increase in relative importance.

An important aspect of control by ivermectin is the increasing involvement of the Participating Governments. This was not possible in the aerial spraying operations which required an intercountry approach with a strong central direction involving a complex technology. The tendency will be for the Participating Countries to assume progressively the major burden of ivermectin distribution with OCP retaining a technical support and coordination role.

Also, the Participating Countries will need to strengthen their health services systems so as to be able to cope effectively with any new cases of river blindness that may occur after 1997 as they deal with all other health problems commonly occurring in the area.

For the objective of OCP to be fully realized and secured it is imperative that the Donor community continue its strong financial support to OCP until 1997. The level required, for the fourth financial phase (1992-97) will be less than for the current third financial phase. Failure to maintain strong financial support will jeopardize substantial achievement and an investment which now exceeds $250 million. In future there will also be an increasing need for aiding the Participating Countries directly to develop the structures necessary for them to carry out ivermectin distribution programmes. This aspect will be very important as aerial spraying operations are gradually phased down over the next eight years.

Furthermore, Donors might very well wish to assist Participating Countries in strengthening their health services systems for the purpose of dealing effectively with any cases that may occur after 1997. This could be done bilaterally in collaboration with WHO.

At present there is a funding shortfall of $14 million in meeting the budgetary requirements for the remainder of the third financial phase, i.e. until the end of 1991. We are grateful that the United States, with the strong support of the Select Committee on Hunger, doubled its contribution to OCP from $2.5 million to $5.0 million for 1989. The financing situation for the Programme would be greatly eased if the United States could maintain this higher level of $5.0 million per year through 1990 and 1991.

A plan of operations incorporating the budgetary requirements for the fourth and final phase (1992-1997) will be presented to the Donors and Participating Countries at the end of 1990.

Thank you, Mr. Chairman.

PREPARED STATEMENT OF DAVID M. FRENCH, M.D., MEDICAL DIRECTOR, HELEN KELLER INTERNATIONAL

AFRICA AND VITAMIN A
THE PROBLEM AND POTENTIAL

Mr. Chairman and distinguished members of the Select Committee on Hunger of the U.S. House of representatives, it is an honor to appear before you again but in a different role than the last time. Then I was living and working in West and Central Africa, the Director of the 20 country Strengthening of Health Delivery Systems project. At the time of my last appearance, I had the opportunity to share the program with Dr. Alfred Somer of the Johns Hopkins Dana Center for Preventive Ophthalmology when he revealed the fascinating results of the use of vitamin A in the treatment and prevention of blindness resulting from xerophthalmia in children. Through the auspices of this committee, the gracious provision of funds by the Congress and the management and supervision of the resultant child survival programs of the Agency for International Development, much blindness has been prevented and sight improved, especially in Asia where the work was begun.

Research studies over the last five years have demonstrated that vitamin A deficiency is a significant problem in Africa, that it impacts on blindness and mortality, and that the cyclical status of drought, famine and civil strife compound its severity.

WHO has compiled a list of 64 countries with varying degrees of vitamin A deficiency; 37 are designated as having a significant public health problem in severe vitamin A deficiency or having a high probability of it. Half of these countries -- representing over 300 million people -- are in Africa:

> Angola, Benin, Burkina Faso, Burundi, Chad, Ethiopia, Ghana, Kenya, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sudan, Uganda, United Republic of Tanzania, Zambia

Over 100 million are particularly vulnerable due to the civil strife and displaced populations within their countries. Very few, perhaps none of these countries have functioning national prevention and control programs in place at present.

Why is this so:

1. Lack of data on national prevalence, severity and distribution of vitamin A deficiency;
2. Lack of training in the delivery and management of vitamin A made available for treatment and prevention of vitamin A deficiency;
3. Lack of resources both human and financial.
4. Lack of public awareness of the magnitude of the problem and its consequences.

5. Lack of research of both the epidemiologic and health delivery system varieties.

1. Prevalence data

The most obvious signs of severe vitamin A deficiency are ocular--resulting in nutritional blindness. Yet, this is a serious end-stage finding of vitamin A deficiency and is relatively uncommon in a population. Furthermore, up to 80% of children so blinded can be expected to die if untreated. Consequently, they do not become part of any sample in a point prevalence survey. This is illustrated in a recent survey in the Sahel when mothers were asked whether or not they had seen any blind children in their community, they replied, "Only before they died".

Due to the size and density of the population on the Asian continent, the problem was more visible--and with the absolute numbers involved, the problem was viewed as more serious--than that in Africa. Historically, the recognition of nutritional blindness is much more recent in Africa, having been highlighted by the consequences of recent severe drought and population displacements superimposed on the problem of existing chronic ongoing malnutrition.

Evenso, physicians have noted and reported in international journals the incidence of vitamin A deficiency corneal ulcers in children in northern Nigeria, Tanzania, and Malawi for several decades. Anecdotal stories from many other countries have suggested the same. However, systematic collection of survey data has only been recent. HKI, with support from AID, carried out a series of rapid assessment surveys in the Sahel area following the 1983-84 drought.

A significant vitamin A deficiency (VAD) problem was identified in Burkina Faso and Niger. Demonstration projects have been set-up by HKI in collaboration with the respective Governments and UNICEF. Current needs are:

a) to assess the vitamin A status beyond the drought zone in the Sahel countries, to determine the national status of VAD and implications for programming;

b) to assess the vitamin A status beyond the Sahel countries in Africa, to determine implications for programming;

c) to set-up a monitoring and surveillance system for assessing populations at risk in marginal areas (i.e., refugees, displaced persons, seasonal zones).

2. Training

Without training in the signs and symptoms of vitamin A deficiency (VAD), the problem is not properly identified (i.e., assessment) or treated (i.e., case management). Hence, personal observations and hospital records are not necessarily valid reports of VAD status. Further, program implementation will require full training of all levels of health personnel before project implementation.

Current training needs are:

1. Training in the identification, diagnosis and treatment of VAD for all levels of the health personnel;

2. Training in the identification of VAD for all nutrition surveillance personnel;

3. Development, adaptation, upgrading and production of training material and curriculum modules in VAD courses.

3. Resources

Resources involve time, money, and personnel. Time is defined as an opportunity cost, with program priorities chosen based on their perceived need by the respective policy makers. With increased awareness of the importance of controlling VAD, the priority to be given to vitamin A can be raised. This is related to the above issue of public awareness.

Personnel refers to the availability and commitment of trained staff in vitamin A. This need is addressed in the training component, but also is involved in the issue of prioritizing program needs and support funds for program supervision and general operations.

Finally, funds are required to implement all of the above components: assessment, research, training, public awareness, as well as for general and emergency programming. Broad estimates of funding requirements for vitamin A in Africa follow in Attachment 1. To fully achieve vitamin A program objectives in Africa, annual budgetary needs are estimated at $18.5 million.

4. Public awareness

Without data on VAD prevalence, without research as the basis for the highlighting the issue, and without training in the identification of the problem, there has been limited public awareness of vitamin A among both policy makers and the general population in a number of African countries.

This does not mean that one activity precludes the other, but that there is a dynamic relationship between data collection, information dissemination, public awareness, and policy formation. Such a communications approach has been developed through the concept of "social marketing" in vitamin A -- which uses a multi-media strategy with a community-based, research-focused orientation.

Current needs in promoting public awareness and vitamin A are:

1. Dissemination of information;

2. Development of communciations networks in Africa (e.g., ORANA);

3. Development of model social marketing strategies, regarding vitamin A capsules, home gardens, food consumption, etc.

5. Research

With the increased concern in child survival and vitamin A deficiency, there is need for studies examining the relationship of vitamin A status to diarrhea, acute respiratory infections, measles, and the other 5 acute infectious diseases of childhood focused on in the EPI program, as well as eye disease. A pivotal point in the raising of consciousness to the role of vitamin A was the measles research undertaken in Tanzania in 1982-83. This hospital-based study correlated vitamin A supplementation with a reduced risk of measles mortality in children. Although the sample size was small, the results were both dramatic and logical enough to influence the international policy makers to issue a WHO/UNICEF joint statement on the need for vitamin A supplementation in measles. There is currently a VAD mortality study being undertaken in the Sudan; another is planned in Ethiopia.

A second area with research potential is to identify and test simple assessment techniques for determining vitamin A status in a population. Historically, ocular signs have been used as a relatively simple technique, with serum samples also used for verification. Both approaches have problems in field application: with the former requiring relatively large sample size, and the latter requiring the taking of blood. More recently, other techniques have been under investigation, including: conjunctival impression cytology (CIC) using a non-invasive procedure to ascertain the health of the conjunctiva; and a refined dietary consumption survey methodology.

Finally, as ongoing demonstration projects are about to be completed in vitamin A programming, the results need to be examined for the possible need for further testing of alternative strategies in providing vitamin A. This would include the use of the EPI system, the non-governmental organization network, the emergency relief mechanisms, etc.

Current research needs are to examine the:

1. validity in using indirect indicators to determine vitamin A status;

2. specificity and sensitivity of the CIC in the Sahel area (with results possibly compounded by infectious eye disease);

3. utilization of rapid assessment surveys with non-ocular indicators;

4. role of sub-clinical VAD in morbidity/mortality;

5. alternative program strategies in cost-effectiveness of improving vitamin A status.

DRAFT

April 10, 1989

AFRICA AND VITAMIN A
ANNUAL BUDGET PROJECTIONS
(U.S. $)

I. PROGRAM

Training, Supervision, Monitoring countries in categories 1 and 2	$ 5,000,000
Vitamin A Capsules	$ 3,500,000
Technical Assistance	$ 1,000,000

II. ASSESSMENT

Rapid assessment surveys throughout countries in categories 1 and 2	$ 1,000,000
Monitoring countries in category 3	$ 1,000,000

III. RESEARCH

Alternative strategies in programming	$ 1,000,000
Simple assessment techniques	$ 500,000
Morbidity and mortality	$ 2,500,000

IV. EMERGENCY

Emergency relief in war-torn countries in categories 1 and 2, as well as disaster relief when required	$ 1,500,000

V. PROMOTION

Country-specific social marketing in categories 1 and 2	$ 1,250,000
Regional conferences	$ 250,000
TOTAL	$18,500,000

THE STATE OF THE WORLD'S CHILDREN 1989
UNICEF

UNDER 5 POPULATION

CATEGORY 1	MILLIONS
BENIN	0.8
BURKINA FASO	1.5
CHAD	0.9
ETHIOPIA	7.6
GHANA	2.5
MALAWI	1.5
MALI	1.7
MAURITANIA	0.3
NIGER	1.3
NIGERIA	20.4
SUDAN	4.2
UNITED REPUBLIC OF TANZANIA	5.0
ZAMBIA	1.6
	49.3
CATEGORY 2	
ANGOLA	1.7
KENYA	4.9
MOZAMBIQUE	2.6
UGANDA	3.3
RWANDA	1.3
BURUNDI	0.9
	14.7
CATEGORY 3	
ALGERIA	4.0
BOTSWANA	0.2
LESOTHO	0.3
MADAGASCAR	2.0
SENEGAL	1.2
ZAIRE	6.1
ZIMBWABWE	1.6
	15.4
TOTAL	79.4

Category 1: Significant public health problem in part or whole of country.

Category 2: Insufficient information but high probability of significant public health problem in part or whole of country.

Category 3: Sporadic cases but prevalence not such that it constitutes a significant public health problem.

THE STATE OF THE WORLD'S CHILDREN 1989
UNICEF

WAR-TORN POPULATION

CATEGORY 1	MILLIONS
CHAD	5.3
ETHIOPIA	43.8
SUDAN	23.1
	72.2
CATEGORY 2	
ANGOLA	9.2
MOZAMBIQUE	14.5
UGANDA	16.6
	40.3
TOTAL	112.5

Category 1: Significant public health problem in part or whole of country.

Category 2: Insufficient information but high probability of significant public health problem in part or whole of country.

Category 3: Sporadic cases but prevalence not such that it constitutes a significant public health problem.

THE STATE OF THE WORL'D CHILDREN 1989
UNICEF

TOTAL POPULATION

CATEGORY 1	MILLIONS
BENIN	4.3
BURKINA FASO	8.3
CHAD	5.3
ETHIOPIA	43.8
GHANA	13.7
MALAWI	7.6
MALI	8.6
MAURITANIA	1.9
NIGER	6.5
NIGERIA	101.9
SUDAN	23.1
UNITED REPUBLIC OF TANZANIA	24.5
ZAMBIA	7.6
	257.1
CATEGORY 2	
ANGOLA	9.2
KENYA	22.1
MOZAMBIQUE	14.5
UGANDA	16.6
RWANDA	6.5
BURUNDI	5.0
	73.9
CATEGORY 3	
ALGERIA	23.1
BOTSWANA	1.2
LESOTHO	1.6
MADAGASCAR	10.9
SENEGAL	6.8
ZAIRE	32.7
ZIMBABWE	8.8
	85.1
TOTAL	416.1

Category 1: Significant public health problem in part or whole of country.
Category 2: Insufficient information but high probability of significant public health problem.
Category 3: Sporadic cases but prevalence not such taht it constitutes a significant public health problem.

USE OF PVOs (NGOs) IN COLLABORATION
WITH
THE ONCHOCERCIASIS CONTROL PROGRAM

Since 1976 the Onchocerciasis Control Program (OCP) gained much success in carrying out its original design intent, namely, vector control. "Simulium damnosum" has been adequately contained in over 90% of the original seven country target area in West Africa. Such coverage is very close to the level of maximal expectation and the successful transmission of the filaria is all but eliminated. Yet, as long as pockets of remaining infected individuals remain, as is now the case, reinfection of the blackfly population will slowly but surely recur without the maintenance of a high level of insecticide dissemination, thereby continuing a level of cost and technology which may be above that maintainable by the countries involved beyond termination of the program in 1997. A significant community microfilarial load in the remaining 10% of the original program area and the other four countries indicate the possibility of recontamination by the blackfly vector and therefore of reinfection by the parasite unless appropriate action is taken. With the advent of Mectizan, there is the possibility of control of the community microfilarial load in these critical areas with consequent interruption of transmission of the disease and reinfection of the central area. This remains to be proven by judicious administration of the drug over a sufficient period of time and under ideal conditions of epidemiological surveillance.

Successful use of Mectizan could certainly prove to be the ideal modality for affordable control of onchocerciasis into the future by the involved countries on an affordable basis.

NGO (PVO), along with OCP, currently plan to collaborate with individual national governments to carry out a carefully controlled and studied program of Mectizan distribution. On 27 & 28 April, five of these NGO/PVO organizations (including Helen Keller International), all involved in the treatment and prevention of blindness worldwide, will be meeting at OCP headquarters in Ouagadougou to develop a plan for Mectizan distribution. Unfortunately, there is no means of financial support for such a distribution program including the necessary community epidemiological studies and careful supervision and necessary training for the distribution of the drug. Data must be carefully collected on the effects of the drug on both the population involved and the transmission of the disease. All are indebted to Merck, Sharp and Dohme for the provision of the drug without cost but, nevertheless, there are other costs in order to carry out the carefully coordinated and supervised program necessary. As of now, there is no provision within the funding of OCP for this new all-important public health program to involve NGO (PVOs) that has evolved in the latter stages of the OCP program as a consequence of the arrival of Mectizan. Hopefully, the U.S. as a major donor to the OCP program might undertake such an important endeavor.

Lastly, I should like to speak to the issue of rehabilitation. The final objective of control of onchocerciasis is to allow the previously affected communities to return to productive life under conditions wherein there is no further fear of river blindness. Children are now growing up in the oncho affected subregion who are not infected with the parasite: the goal has been partially achieved. Nevertheless, there has not been full resumption of a normal productive economic life throughout the disease-free areas. There remain the blind and the partially blind to rehabilitate into these predominantly agricultural communities. National programs of rehabilitation and reestablishment on the land need be strengthened or established as necessary. Many NGO/PVOs have had extensive experience in this regard, both on the African continent and in Asia. It is my hope that both the NGO/PVOs particularly interested with the prevention and treatment of blindness, and other more broadly based ones, can join together to work with the individual 11 governments to develop such national programs. Again, there is need of funding to begin such programs and carry them along for and initial period of time. Ultimately, they should become self-sustaining and, in any event, end up carrying their weight as they relieve national economies of the need to support the blind disabled and contribute to the national economy, as well. We at HKI have had some experience at this kind of program activity in Asia and would like to participate in its development in Africa.

Other NGO/PVO organizations feel the same as we and would enthusiastically join in with such program development. Hopefully, the U.S., in particular, will see its way clear to provide this kind of support.

Mr. Chairman, I wish to thank you for this opportunity to speak on behalf of some of those whom we can help in Africa in their quest for a healthy and productive existence.

Prepared Statement of Deborah Szekely, President, Inter-American Foundation

Introduction

Mr. Chairman, thank you for this opportunity to appear before the Select Committee on Hunger to discuss the Inter-American Foundation's grassroots development efforts in Latin America and the Caribbean. I understand that the Committee is interested in identifying ways in which U.S. foreign assistance can more effectively reach the poor in developing countries. I hope that the Foundation's experience will help guide the Committee in its considerations.

Background

The Inter-American Foundation was created in 1969 by Act of Congress as an experimental alternative to established assistance programs in Latin America and the Caribbean. As an independent agency, the Foundation's mandate is to promote equitable, responsive, and participatory approaches to development.

The Foundation provides grants to non-governmental organizations involved in self-help community efforts designed by those who perform the day-to-day work. Over time, the following specific funding criteria were established as the Foundation learned more about grassroots development:

Criteria on Institutions

- Grants are provided to private, local institutions in Latin America and the Caribbean;
- The organizations must be non-partisan and must not engage in partisan political activities;
- The organizations should have competent, committed leadership, a good record of performance, and roots in their local communities; and
- The organizations supported should be democratically organized and managed.

Criteria on Project Activities

- Grants must support activities which benefit poor people;
- The people themselves should participate in the design and management of the projects;
- Project activities must be technically and managerially feasible;
- Grants should support activities that will strengthen the organization and enable it to assume subsequent tasks;
- Grants should support innovative and experimental activities, and offer promise for expansion or replication in other settings;
- Grants should assist locally supported activities for which it has been demonstrated that there is local support; and

- Grants should support activities that can be sustained with local support beyond the grant period.

Applying these guidelines, the Foundation has made approximately 2,700 grants totaling almost $300 million over 18 years. Local organizations have exceeded the Foundation's support by contributing more than $375 million in cash and in-kind resources to these projects.

Sources of Funds

The Foundation receives its funding from Congressional appropriations and the Social Progress Trust Fund ("SPTF") administered by the Inter-American Development Bank. Since 1974, approximately sixty percent of the Foundation's program resources have consisted of SPTF resources. However, SPTF resources are declining and will constitute a substantially smaller portion of the Foundation's funding in the next few years. The SPTF will be completely depleted by 1994. However, Congressional appropriations have enabled the Foundation to continue its program at current levels.

The Foundation's Role as a Learning Laboratory

The Foundation has taught me to make effective use of our limited resources. Each project must build upon the experience gained from previous projects. Otherwise, we are merely one more channel, albeit a small and flexible one, through which U.S. development assistance can flow.

Therefore, the best way for the Foundation to remain a leader was by becoming a student again. This is done by funding projects and groups from which we can gain new insight or knowledge about the key ingredients for successful self-help development. Thus, we have developed a clearly defined learning agenda that enhances all aspects of grantmaking and provides the Foundation with the capacity to influence how others throughout the Hemisphere think about development. While our small grants might directly assist a few thousand people at one time, careful monitoring, combined with effective learning and dissemination, now allow us to touch the lives of millions.

We are also engaged in a process to extract the most important lessons learned from each grant, compare the results, and reach objective conclusions about what works, what doesn't, and why this is so. Taken together, these actions amplify the value of each Foundation grant.

Fiscal Year 1988 Program

During Fiscal Year 1988, the Foundation used its $29.7 million budget to continue working with a growing network of private development, community-based organizations throughout the region. The result is 203 grants and 173 grant supplements - once again an increase in the number of organizations assisted. These gains were made possible by reducing the average size of two-year grants from $85,000 in 1987 to $72,000 in 1988.

The Foundation continued to support groups with plans for self-sustaining activities that generate income and create jobs. Forty-three percent of Fiscal Year 1988 grants supported food production and agricultural projects. Foundation funds were used primarily to improve crop production, marketing, and administration and leadership skills in small farmer organizations.

To complement the rural portfolio, small-scale enterprises received 23 percent of our program resources. Grants benefited operators of very small businesses - microentrepreneurs with minimal skills who were often recent migrants from rural areas and today form part of the growing informal urban labor force.

Twenty-four percent of program funds supported appropriate education and training. Community services support absorbed seven percent of the Foundation's program resources. These grants focused on health, housing, and legal assistance. A small number of grants also supported cultural expression activities, primarily those sponsored by indigenous ethnic groups.

Networking and Training

We have found other ways to expand our reach. The Foundation has systematically increased its support for networking among grassroots groups. Networking allows organizations which are geographically and socially isolated to share common experiences, renew their dedication, and learn directly from the success and failures of each other. This is another example illustrating that many of the answers to the region's long-term development problems are best addressed by forging partnerships between local professionals and grassroots groups.

The Foundation has often linked its networking efforts to programs that "train the trainers" who teach grassroots groups how to make better use of their resources. I am particularly interested in this theme because our Hemispheric future is inextricably tied to how well we train those who educate children. Moreover, projects that train trainers have the potential for geometric impact far beyond any other form of grassroots development.

Development is a Two-Way Street

During my travels as the Foundation's President, I have been greatly impressed by the resolve of poor people throughout Latin America and the Caribbean to address their problems in consonance with their own values and traditions. As we seek ways to help the disadvantaged in our own country, we should draw upon the learning that evolves from these overseas efforts.

The Foundation has sponsored several initiatives which attempt to demonstrate that successful development rides along a "two-way street" which encourages continuing dialogue between citizens in developed and developing countries.

Closing

As a funding agency, we can only have a limited impact on the great social and economic problems facing Latin America and the Caribbean. But when funding is combined with learning, we have the experience and the means to influence how the region's non-governmental organizations define their problems and seek their solutions. This is the Foundation's greatest strength and why your support is so essential.

Mr. Chairman, I will be pleased to answer any questions which you and your colleagues may have. Thank you very much.

AFRICAN DEVELOPMENT FOUNDATION

Statement of Leonard H. Robinson, Jr.
President, African Development Foundation

before the

International Task Force
of the Select Committee on Hunger

U.S House of Representatives
April 13, 1989

Mr. Chairman and Members of the Task Force:

I am pleased to appear before the International Task Force of the Select Committee on Hunger to testify on behalf of the African Development Foundation on community-directed development programs which aim to improve the living conditions of poor people in Africa.

Mr. Chairman, ADF has been working directly with organizations in Africa for five years. To date, the Foundation has funded over

200 development projects and grassroots research initiatives in 23 African countries. During this relatively short period of time, we have been able to test out the tenets of ADF's enabling legislation -- that community-directed self-help development initiatives have a greater potential for sustainability, diffusion and positive economic impact than top-down or externally imposed development projects and strategies.

Development and the adaptation of new technologies is a slow process. As donors we tend to look for quick "fixes" to the needs of local people and sometimes we forget that the development pace must be determined by the community in order for initiatives to be accepted, realized and sustained. Life's demands on poor people do not take the form of "projects" that are fulfilled in specified western-style time frames. For disadvantaged Africans, life consists of the need to survive in a generally harsh environment, and daily priorities are determined by their access to food, water, shelter and income. We believe that in order for disadvantaged people to improve their economic and physical well-being, development resources must be placed directly in the hands of community groups.

Development programs which are targeted only at the top and at the middle of society are destined to fail without a skilled and healthy human infrastructure at the base of society. Given that over 80 percent of Africans live below the poverty level, it is imperative that we as donors understand and are willing to target our resources where there is the greatest gap: at the hands and feet of poor people, primarily village based, in Africa. "Structural adjustment," "economic policy reform", "human resource capacity building," and "sustainable agriculture" are only words and clever-catch phrases to the thousands of Africans who wake up each day concerned about how much clean water they will find, if they will be able to purchase enough food to feed their children, if they will have access to medical care if their child becomes sick, and whether continued drought will destroy their livestock and farms.

These are the real issues facing Africa's poor and we cannot afford to continue to talk in terms of Africa's debt crisis and structural adjustment unless we, as donors, understand the daily survival needs of the majority of African people, particularly women and children. As donors, we can no longer afford to use Africa's poor as a laboratory for our own experiments.

The Foundation's primary purpose is to enable grant recipients to generate income, increase food production, increase their access to clean water and household supplies, and increase their access to information and local technical assistance through the most economical means possible. After the grantee has developed an infrastructure capable of responding to their primary needs, it is ADF's responsibility to assist groups to become organizationally and economically self- reliant and to enable them to improve upon their basic development skills.

Mr. Chairman, Africa is poorer today in per capita terms than it was 30 years ago. Between 1979 and 1983, life expectancy declined in nine Sub-Saharan countries and primary school enrollment declined in 12 countries. One of the most critical development issues confronting African nations today is how to generate jobs and earnings for the vast majority of their populations. With annual population growth averaging 3.2 percent, Africa's population will double in 20 to 25 years making employment and productivity perhaps the most critical economic challenge facing the continent. The Foundation's development experience has shown that development resources targeted to increase the "comparative advantage" of rural people have the potential to help solve this critical problem.

Rural cottage industries which focus on import-substitution or "value added" productivity are at the cornerstone of successful rural development programs. The Youth Brigade Movement in Botswana, supported by ADF, which increases vocational skills in cement brick making, carpentry and in metal works has enabled many youth to become economically productive. The Brigades represent a good example of rural ingenuity to create local jobs and services and thereby eliminate the need for rural communities to import goods, services and skills. In Lesotho, local businesses are importing costly cement from South Africa when they have plentiful resources of sandstone which could be harvested by local communities and used for making cement blocks. Such local initiatives must be stimulated and supported in order to stimulate rural economies and improve rural competitiveness.

Also critical to addressing Africa's unemployment problem is the need for African governments and donors to recognize the economic strength and viability of informal sector enterprises. In light of the fact that structural adjustment measures frequently threaten to exacerbate the already fragile economic base of rural Africa, grossly affecting women and children, it is particularly important for donors to look for innovative mechanisms to stimulate the cash economy available to informal entrepreneurs, traders, market women and cooperatives.

The size and strength of the informal sector is rarely evident in African government statistics. According to the International Labor Organizations' (ILOs) statistics, family and personal savings across sub-Saharan Africa make up 70 to 90 percent of initial capital of informal sector entrepreneurs -- 70 percent in Kenya and 95 percent in Tanzania. In Sierra Leone, more than 98 percent of all enterprises employ fewer than five persons and in Ghana about 80 percent of workers are employed in the informal sector. The Foundation's funding program aims to directly stimulate the informal sector economies largely consistent of farming cooperatives, youth organizations, community service and women's groups, as well as entrepreneurs. Supporting these groups is targeted toward enhancing their basic skills and most importantly to increase their productivity through direct access to financial resources.

Mr. Chairman, supporting local self-directed development initiatives is not without its challenges. We have learned over the last five years that while rural communities have the capacity to identify their development priorities and they have some capacity to implement their development plans, rural communities need to increase their overall skills in fiscal and program management. In addition, we have recognized a human resource gap in appropriately trained technical assistance providers. Also, where such individuals exist, they lack the essential skill component required to transfer knowledge to project participants to ensure a lasting sustainability at the community level. Conversely, we have been able to identify numerous African development professionals who are trained in community organization and motivating skills. However, these individuals (who are essential in order to get a community started on a development plan) lack the technology related skills to maximize a program's success. ADF has struggled with this issue and we are actively promoting the transfer of technology and project management skills so that community members have the internal capacity to continue the development process well after funding and technical assistance providers leave the project site.

ADF funds have enabled poor people to have the capability to learn new skills in financial management and in administration of their own development initiatives. We believe that there are two essential components for community development success. First, there must already exist within the community some basic project related skills in order for development goals to be achieved. These skills can range from bookkeeping, conception of ideas, identification of problems and solutions, gardening, sewing, etc. Secondly, and perhaps most importantly, the community must clearly recognize that the end product from a development initiative can be the solution to their development needs.

Projects supported by the Foundation have ranged from increasing vegetable and cash crop production among disadvantaged rural farmers to food processing and livestock marketing enterprises, tailoring and small goods production, improved water resources and management, and consumer-based industries such as furniture manufacturing, construction materials and mechanized tools.

The following are illustrative examples of how local community groups and cooperatives have organized around a development goal to improve their economic potential.

ZIMBABWE

Furniture Manufacturing Project
Spring Cabinet Cooperative Society
$207,662

The Spring Cabinet Cooperative Society is an industrial cooperative that was established in September of 1986 by twelve unemployed carpenters who had lost their jobs because their employer (Spring Master, a large furniture manufacturing company) did not recognize Zimbabwe as a viable place to do business after independence. Each member of the cooperative is a head of household with an average family size of six individuals. The members decided to form the cooperative because of a growth spurt of new housing construction in Harare suburbs. The Society manufactures low cost furniture products from locally available timber while using their expertise as woodcraftsmen to satisfy a local market demand for products such as doors, beds, chairs, kitchen units, wardrobes, tables, and office furniture in new houses. With ADF funds, the Spring Cabinet Cooperative has constructed a workshop for its operations and purchased the necessary carpentry supplies (both hand and mechanized) to serve three densely-populated suburbs of Zimbabwe -- Kuwadzana, Warren Park and Dzivaresekwa -- representing over 300,000 people.

The cooperative has advertised itself and is now getting new orders for furniture every day. The cooperative determines its prices based on the costs of total materials and labor plus a profit margin of about 25 percent. This makes the cooperative's furniture quite competitive with both the informal sector producers and the larger companies. The cooperative is now earning over Zim $13,000 (US $6,000) in profit each month (the average annual income in Zimbabwe is US $740). The cooperative has made so much progress that the Zimbabwe Electricity Supply Authority is now providing electricity to the site and the cooperative hopes to begin to employ some of Zimbabwe's school leavers to help boost production and help reduce the unemployment problem. Income from sales will be reinvested in recurrent costs, particularly raw materials, general advertising of products and will also assist in the purchase or replacement of equipment.

NIGER

Tinga Ponds Project in Ouallam

US $210,032

The district of Ouallam is located in the northernmost area of Niamey Province, Niger. Arable land makes up only 11 percent of the total surface of the region and at present only 8 percent is exploited for food production. The grantee is the Ouallam Gardening Cooperative with a membership of 750 persons representing their respective households (three-fourths are women). These households are organized into work teams which represent various neighborhoods of Ouallam town.

The area surrounding Ouallam is semi-arid, practically void of vegetation and is affected by chronic food deficits. Rain-fed gardening, however, remains the major production activity of the people of Ouallam. The region has the potential to expand its agricultural production capacity and to allow for off-season cultivation because of the existence of several permanent and semi-permanent ponds, known as the Tinga Ponds.

The Tinga Ponds stretch over two dozen kilometers and their development allows the people of Ouallam to increase their vegetable production in the off-season.

The goal of the project is to develop the community's capacity for food self-sufficiency, fight desertification in the region, and stop the rural exodus. The specific project objectives are to: create a permanent water supply for irrigation; create a more viable vegetable production cooperative; provide agricultural input and equipment to cooperative members; conserve those areas where the land has not yet been degraded by drought; and, establish and maintain a cooperative first aid center. ADF funds are being used by the Cooperative to: sink 60 shallow wells (not to exceed 15 meters in depth); provide irrigation and agricultural training to the cooperative members, increase vegetable production -- squash, melons, peppers, tomatoes, onions, etc; stabilize the large sand dune which surrounds the ponds with a grass hedge and wind breaks; and, train selected villagers to work in the first aid center.

The development of ground water basins for agricultural purposes is a high priority for the Government of Niger. Niger enjoys vast underground water reservoirs that could dramatically increase agricultural productivity if developed appropriately. ADF is facilitating the development of this important initiative and has supported three such basin development projects in rural areas.

LESOTHO

Migrant Labor

US $213,831

The Lesotho Catholic Bishops Conference (LCBC) was established in 1972 to address specific development needs of Lesotho. The migrant labor department of the LCBC was created in 1980 as part of the Commission for Health and Social Welfare -- it works closely with the Ministry of Labor, Mine Labor Organizations and the Christian Council of Lesotho.

The goal of the project is to educate young migrant laborers about alternatives to employment in South Africa's mines by creating an integrated program of skill training and community-based income generating projects that will lead to increased job opportunities, investments in rural areas and a transfer of skills back to the villages.

The project provides training and business start-up support to 90 young men over a five-year time period. Skill training for two to three years is provided to the individuals selected by their parish communities at established vocational institutions in Lesotho -- such as the Lesotho Agricultural College; Leribe Craft Center School; Lesotho Opportunities Industrialization Center; Lerotholi Technical Institute; and St. Elizabeth's Home Economics School. Upon graduation from the vocational institutions, credit will be provided from the Lesotho Cooperative Credit

Union to the students in order for them to apply their vocational skills to the start-up of their own business. It is expected that by the end of the five year time span, 90 individuals will have been trained in such fields as agriculture, animal husbandry, carpentry, mechanics, masonry, plumbing, tailoring and dressmaking at the various vocational institutes in Lesotho.

ADF is providing funds for the scholarship fund for the 90 trainees, technical assistance in management planning and market surveys, salary and travel costs for the project coordinator and business support officer. In addition, a vehicle will be purchased in the third year of the project for monitoring purposes.

TANZANIA

Makurima-Uraki Water Project

US $22,047

The Makurima Consumer Cooperative Society, registered with the government in 1974, was established to help community members to increase food production and food marketing. To date, the Society successfully operates a grinding mill, bakery, cooperative store, and restaurant. The average annual farm income in Makurima is approximately $180. All small farmers in the community are members of the cooperative.

The primary objective of the Makurima-Uraki Water Project is to supply the Uraki primary school children with clean drinking water. Currently, the children walk to a downstream water access which is approximately 2 kilometers from the school. Cholera and intestinal diseases are prevalent among the school children. The proposed pipeline will also provide residents along the pipeline with a water tap in order for them to have access to the water as well.

The major activities of the project include: (1) surveying the pipeline; (2) purchasing of materials; (3) construction of the reservoir; (4) digging the trench; (5) laying of the pipes; and, (6) testing the new system. The Cooperative has already received the water rights from the Government of Tanzania. The Cooperative will provide all the labor for the project and ADF funds are being used to purchase the materials and technical assistance.

Recent structural adjustment measures have forced the Government of Tanzania to curtail its support for water resource management and infrastructure development programs. As a result, the Foundation has received numerous requests for water resource management and development projects. At a minimum, this project enables this disadvantaged community to have regular access to clean water.

SIERRA LEONE

Yele Rural Electrification Project

US $250,000

Yele is a village located in the heart of Sierra Leone with an approximate population size of 3,500 inhabitants. The village has been plagued with poor health conditions, high incidence of infant mortality and contaminated water. In addition, the village lacks a reliable and economical source of electrical energy. The Yele Rural Electrification group consists of fifteen village members, one of whom is a mechanical engineer. While the community does possess a water treatment plant, it could not supply sufficient electrical power to the plant to keep it operational. The Teye River was determined by the village engineer and various technical experts, to be capable of producing enough energy to support a hydro-electric plant. ADF funds have enabled the Group to construct the necessary facilities for a hydro-electric plant and direct a portion of the plant's power to the water purification center. The remaining electricity is provided to Yele where it is now providing electricity for a medical clinic, which serves approximately twelve thousand people, and five local schools.

The Yele Group plans to increase the capacity of the turbines to provide sufficient electricity to encourage and support the development of a complex of small local agro-processing industries.

In closing, Mr. Chairman, I would like to point out the following:

First, the people of Africa deserve every opportunity to participate in development activities which directly impact their economic well-being. And, that the end result of community directed development initiatives can in fact substantially improve their living conditions and enable Africa's poor to move to another step in the development process. The American people deserve the greatest return on their dollars invested in overseas development and we are convinced that projects which provide the opportunity for the poor to be directly engaged in their own development, and that projects which involve African experts as technical assistance providers to the poor, and the utilization of African expertise in accounting and project evaluation, grants the American taxpayer the greatest economic return on dollars invested.

Mr. Chairman, we know that the infrastructure exists at the village level in Africa to absorb direct funding assistance. We know that the commitment exists at the rural village level in Africa to implement development initiatives and to ensure the success of initiatives undertaken. We know that the knowledge base exists in Africa to carry out village based needs assessments and we also know that African villages are willing to receive help from African experts. We also know that, by and large, African governments are not opposed to allowing Africa's poor at the village level to participate in an autonomous fashion in their own development process. In this regard, we also know that $250,000, $50,000 or $20,000 strategically placed renders a greater result than $10 million poorly placed at the macro-level in anticipation that through the maize of bureaucracy that the poor will derive a direct benefit from this assistance. Therefore, Mr. Chairman and Members of the Task Force, we urge you to continue your support for development initiatives which create and stimulate growth at the base of African society in order for the majority of Africa's population to take advantage of large macro development initiatives.

Thank you and I would be happy to answer any questions you may have.

Furniture co-operative thrives

By Wilson Dakwa

THE refusal by a Harare company to pay its workers an annual bonus proved to be a blessing in disguise for 12 workers who decided to form their own business which is now boasting a turnover of more than $10 000 a month.

The formation of the Spring Cabinet Furniture Co-operative in Kuwadzana dates back to 1983 when some workers at Springmaster, disgruntled by their employers' decision not to grant them a bonus, contributed $5 each to utilise the company's canteen.

After collecting $130, the company's management refused to allow the workers to utilise the canteen and as a result 26 of them started a money-making venture by ordering clothes from various Harare shops and selling them to workers at the company.

Co-op chairman Cde Felix Gwasira said at the weekend that after raising $3 600, the workers opened a tuckshop in Warren Park which enabled them to raise $9 300.

"From the proceeds, we bought a vehicle which we used to ferry goods to Warren Park and other high-density suburbs for sale. However, tsotsis were constantly raiding our tuckshop and eventually most of the members left."

Tragedy struck in 1986 when most of the members of the group were retrenched after the closure of Springmaster in 1986. The members approached co-operatives experts and were later allocated a small building in Kuwadzana since they wanted to form their own furniture making business.

So impressed were some of the non-governmental organisations with their work that donations were soon pouring in from various quarters.

A United States-based non-governmental organisation, the African Development Foundation, gave them US$250 000 to buy modern machines and tools. A West German NGO bought them a machine while the British High Commission in Harare also bought another machine.

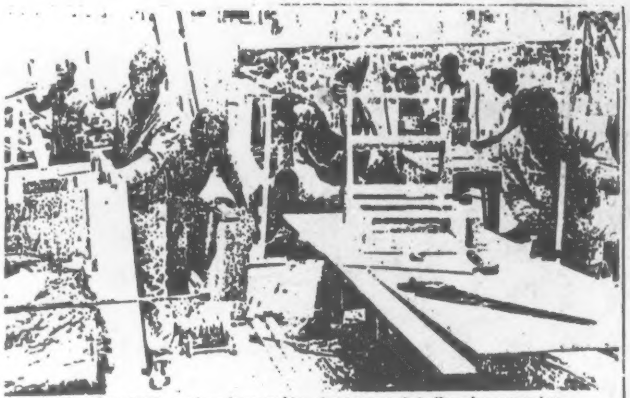
Production was soon in full swing and today the 12 members are making wardrobes, beds, lounge suites, dressing tables and various furniture items which are sold to retailers in the city.

"We have got permanent customers that we do not have any marketing problems. Major city shops are ordering furniture for sale directly from us. We are constantly receiving orders from individuals in Warren Park, Kuwadzana, Dzivarasekwa and Kambuzuma," Cde Gwasira said.

The co-operative was making an average sale of about $13 000 a month which enabled members to earn a monthly salary "just like anyone employed in the private sector".

From the sales, the members have built a new factory complex and the Zimbabwe Electricity Supply Authority is now electrifying the site.

Once electrification is complete, production is expected to double since most of the donated machines will be operational. "It is our hope to employ some school leavers to help cut unemployment and boost production," Cde Gwasira said.



CO-OPERATIVE members busy making furniture at their Kuwadzana premises.

The Spring Cabinet Project

The HERALD, Zimbabwe, Jan. 24, 1989

MINISTRY OF THE ECONOMY, FINANCE,
PLANNING AND INTERNATIONAL COOPERATION

SECRETARIAT OF STATE IN CHARGE OF PLANNING,
STATISTICS, AND INTERNATIONAL COOPERATION

CHIEF OF MISSION IN CHARGE OF
FOREIGN RELATIONS

Bangui, April 3rd, 1989

THE SECRETARY OF STATE IN CHARGE
OF PLANNING, STATISTICS AND
INTERNATIONAL COOPERATION

TO

Mr. Leonard H. Robinson, Jr.
President of the
African Development Foundation
1625 Massachusetts Avenue, NW
Washington, D.C., 20036
USA.

Mr. President,

I am honored to bring to your attention that the Government of the Central African Republic is following with particular interest the activities of your foundation. These activities correspond well to the economic orientations of the Government which are aimed at promoting the development of private initiatives and small and medium enterprises.

I wish to point out however, that the efforts we are undertaking in that direction are hindered by insufficient financial resources due to the inexistence, in the Central African Republic, of adequate banking institutions whose interventions could most certainly bring the necessary assistance to the creation in rural areas of small and medium scale enterprises initiated by the most underprivileged members of our population.

As a result, on behalf of the Government of the Central African Republic, I hereby wish to request that the African Development Foundation undertake at its earliest convenience its operations in our country as it has done in other African countries.

Furthermore, we have examined very closely the draft Protocol Agreement which was forwarded to us by our Embassy in Washington, and have accepted the language contained therein. In anticipation of its signature at a date set forth by mutual agreement, we are now and hencefortn grateful for your interest in the social and economic development of the Central African Republic and for the contribution you would like to make in that respect.

Please accept, Mr. President, the assurances of my highest consideration,

Sincerely,

Thierry Bingara
Minister